STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 113440
Permit No.
Basin 056

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 66352

1. OWNER Day Engineering
MAILING ADDRESS P.O. Box 151178
Ely, NV 89315

ADDRESS AT WELL LOCATION Reese River Valley
Austin, NV 89310
Subdivision Name: County: Lander

2. LOCATION NE ¼ SE ¼ Sec 7 T 18N N/S R 43 E
PERMIT/WAIVER No. W-656
Issued by Water Resources Parcel No.

Latitude 39.43920 N
Longitude -117.17699 W
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Other Bore Hole

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☒ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	10	10
Sand Clay		10	35	25
Sand Gravel		35	105	70
Gravel w/s clay		105	109	4
Gravel w/s sand		109	245	136
Gravel		245	300	55
New bore hole				
39.439274°N	NAD27	D.D.		
117.176064°W	-685-			

Date started: 29-Nov, 20 10
Date completed: 29-Nov, 20 10

9. WELL CONSTRUCTION
Depth Drilled 300 Feet Depth Cased 0 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
6	Inches	0	Feet	300	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type of perforation
Size of perforation
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☒ No
☐ Neat Cement to ☐ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: N/A feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

STATE ENGINEER'S OFFICE
2011 MAR 24 AM 11:08
RECEIVED

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Parsons Drilling, Inc.
Contractor
Address P.O. Box 1265
Contractor
Fallon, NV 89407
Nevada contractor's license number issued by the *State Contractor's Board* 29064
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* 2307
Signed
By driller performing actual drilling on site or contractor
Date 1/2/2011

(Rev. 05-06)
USE ADDITIONAL SHEETS IF NECESSARY