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

OFFICE USE ONLY
Log No. 113442
Permit No.
Basin 101

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. 66369

1. OWNER Dennis McCroskey
MAILING ADDRESS 1501 N Harmon Rd
Fallon, NV 89406

ADDRESS AT WELL LOCATION 1501 N. Harmon Rd
Fallon, NV 89406
Subdivision Name: County: Churchill

2. LOCATION SE ¼ NE ¼ Sec 23 T 19N N/S R 29 E
PERMIT/WAIVER No. R-637-A (Issued by Water Resources) 007-551-27 Parcel No.
Latitude 39.499670 N
Longitude -118.688044 W
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

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

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 w/s Sand		0	8	8
Clay		8	15	7
Sand Fine		15	35	20
Black Clay	XX	35	38	3

39.499752°N NAD27
118.687062°W

Date started: 1-Feb, 20 11
Date completed: 2-Feb, 20 11

9. WELL CONSTRUCTION
Depth Drilled 38 Feet Depth Cased 38 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
12.25	Inches	0	Feet	38	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	12.92	.188	0	19
6	4.0	.316	19	38

Perforations:
Type of perforation: Saw Cut
Size of perforation: 0.125
From 26 feet to 30 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 10 to 0 ☒ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☒ ≥30% Bentonite Grout 20 to 10 ☒ Pumped ☐ Poured

Gravel Pack: ☒ Yes ☐ No 38 to 20 ☐ Pumped ☒ Poured
Type: 3/8" Gravel
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 10 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 ENGINEERS 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 2/8/2011

(Rev. 05-08)
USE ADDITIONAL SHEETS IF NECESSARY