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

OFFICE USE ONLY
Log No. 114007
Permit No.
Basin 102

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. 67014

1. OWNER Rick McKinney
MAILING ADDRESS P.O.BOX 961
SilverSprings, NV 89429

ADDRESS AT WELL LOCATION 2315 Adriann Ave
Silver Springs, NV 89429
Subdivision Name: County: Lyon

2. LOCATION NW ¼ SE ¼ Sec 35 T 18N N/S R 24 E
PERMIT/WAIVER No. 015-211-09
Issued by Water Resources Parcel No.

Latitude 39.381007 N
Longitude -119.256616 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
deepen S				
Start at 270' Log # 78836		0	270	270
Rock Gravel		270	290	20

39.381007°N NAD27
119.256616°W

deepen well log # 78836
deepened by well log # 117167

Date started: 18-May, 20 11
Date completed: 20-May, 20 11

9. WELL CONSTRUCTION
Depth Drilled 290 Feet Depth Cased 290 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
6	Inches	270	Feet	290	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5.563	10.80	.188	190	290

Perforations:
Type of perforation Mill Cut
Size of perforation 1/8"
From 230 feet to 290 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: 190 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)

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 6/6/2011

(Rev. 06-06)

USE ADDITIONAL SHEETS IF NECESSARY