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

OFFICE USE ONLY
Log No. 115438
Permit No.
Basin 104

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. 67698-2

1. OWNER A & K Earthmovers, Inc
MAILING ADDRESS P.O. Box 1059
Fallon, NV 89407

ADDRESS AT WELL LOCATION Intersection of Airport and Butte Way
Carson City, NV 89701
Subdivision Name: County: Carson City

2. LOCATION SE ¼ NE ¼ Sec 16 T 15N N/S R 20 E
PERMIT/WAIVER No. DEW-091 (Issued by Water Resources) Parcel No.

Latitude 39.16682
Longitude -119.73621
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

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

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

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand & Clay		0	11	18
Clay		11	14	8
Sand		14	22	4
Sand & Clay	XX	22	30	8

Plugged by Log #115444

Date started: 17-Oct, 20 11
Date completed: 17-Oct, 20 11

9. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
22	Inches	0	Feet	30	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	8.26	.508	0	30

Perforations:
Type of perforation Well Screen
Size of perforation 0.032
From 10 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 to ☐ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☒ ≥30% Bentonite Grout 3 to 0 ☐ Pumped ☒ Poured
Gravel Pack: ☒ Yes ☐ No 3 to 30 ☐ Pumped ☒ Poured
Type: 3/8" pea gravel
Bentonite Chips: ☒ Yes ☐ No 0 to 3 ☐ Pumped ☒ Poured
Type:

7. Water Level
Static water level: 6 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 10/20/2011

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

39.166910°N NAD27
119.735197°W Dec/Deg