

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

OFFICE USE ONLY
Log No. 118041
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. 68631

1. OWNER Tawni Haynie ADDRESS AT WELL LOCATION 1377 N Harmon Rd.
MAILING ADDRESS 1377 N Harmon Rd Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. LOCATION SE ¼ SE ¼ Sec 23 T 19N N/S/R 29 E Latitude 39.4964301 N UTM E NAD 27
PERMIT/WAIVER No. R-702 Parcel No. 007-551-06 Longitude -118.689774 W N 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	Thick-ness
Sand Brown	XX	0	35	35
* See corresponding plugging NOI # 68632				
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9. WELL CONSTRUCTION

Depth Drilled 35 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>12.25</u>	<u>0</u>	<u>35</u>	<u>35</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>12.92</u>	<u>.188</u>	<u>19</u>	<u>0</u>
<u>6.625</u>	<u>4.0</u>	<u>.316</u>	<u>35</u>	<u>19</u>

Perforations:

Type of perforation Saw Cut
Size of perforation 0.125

From	To	Feet
<u>35</u>	<u>32</u>	<u>3</u>

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>5</u> to <u>15</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	<u>15</u> to <u>35</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No to _____
Type: 3/8" well gravel

Bentonite Chips: Yes No to _____
Type: _____

Date started: 25-Apr 2012
Date completed: 26-Apr 2012

7. Water Level

Static water level: 14 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 [Signature]
By driller performing actual drilling on site or contractor

Date 5/9/2012