

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

OFFICE USE ONLY
Log No. 119473
Permit No. _____
Basin No. 101

PRINT OR TYPE IN BLACK INK 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. 71068
WELL NAME (If applicable): _____

1. OWNER/CLIENT NAME Jack & Diane Ritter
MAILING ADDRESS 2525 Sorenson Road
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 2525 Sorenson Rd
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW ¼ NW ¼ 23 Sec 18N N/S 28 E
PERMIT/WAIVER NO. 006-411-65
Issued by Water Resources Current Parcel No. _____

Latitude 39.41551 N UTM E NAD 27
Longitude 118.81505 W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL#
 Replacement: Original well log # Unknown
 Recondition: Original well log #

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
Top Soil			0	18
Brown Clay			18	35
Black Clay			35	58
Green Clay & White Sand			58	92
Gray Clay Sand			92	99
Brown Clay			99	132
Brown Sand		X	132	135

9. INSTRUCTION
Depth Drilled: 135 Feet Depth Cased: 135 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
	<u>12.25</u> Inches	<u>0</u> Feet	<u>135</u> Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>20</u>
<u>6.625</u>	<u>4</u>	<u>.316</u>	<u>20</u>	<u>135</u>

ANNULAR MATERIALS
Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement <u>5</u> to <u>105</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 type="checkbox"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.] <u>105</u> to <u>135</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

PERFORATIONS:
Type of perforation: Saw Cut
Size of perforation: 0.125
From 132 Feet To 135 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 24-Jan, 20 14
Date completed: 25-Jan, 20 14

7. WATER QUALITIES
Static water level: 24 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool ° Fahrenheit
Water Quality: Unknown

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Parsons Drilling, Co
Contractor
Address P.O. Box 1265 Fallon, NV 89406
Contractor

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<u>Replaces unknown well log</u>			
<u>Had 25</u>			
<u>39.4115 59.2</u>			
<u>115.941604 PW</u>			

Nevada contractor's license number as issued by the State Contractor's Board: 29064
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1753
Signed: Wayne Parsons
By driller performing actual drilling on-site contractor
Date: 2/13/2014