

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

OFFICE USE ONLY
Log No. 122662
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. 72864
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Diechman, Gladys
MAILING ADDRESS 1604 Lucas Rd
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 1600 Lucas Rd
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW ¼ NW ¼ 19 Sec 19 N/S 28 E
PERMIT/WAIVER NO. 008-133-56
Issued by Water Resources Current Parcel No.

Latitude 39.50142 UTM E NAD 27
Longitude -118.89178 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
Brown Sand			0	3
Brown Clay			3	15
Brown Sand			15	18
Gray Clay			18	24
Gray Sand			24	26
Brown Clay			26	39
Brown Sand			39	44
Brown Clay			44	51
Brown Sand			51	58
Fine Brown Sand			58	64
Black Clay			64	69
Black Sand			69	82
Black Clay			82	84
Brown Clay			84	96
Fine Brown Sand			96	105
Brown Sand		X	105	118

NAD 27
39.501504°N
118.890710°W

9. INSTRUCTION
Depth Drilled: 118 Feet Depth Cased: 118 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12</u> Inches	<u>0</u> Feet <u>118</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>18</u>
<u>6</u>	<u>4.1</u>	<u>.316</u>	<u>18</u>	<u>118</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement 0 to 110 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 110 to 118 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: Saw Cut
Size of perforation: 1/8

From 114 Feet To 118 Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet

Date started: 3-Feb 20 15
Date completed: 6-Feb 20 15

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

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

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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): 2307
Signed: _____
Date: 2/10/2015