

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

OFFICE USE ONLY  
Log No. 122823  
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. 73510  
WELL NAME (if applicable): \_\_\_\_\_

1. OWNER/CLIENT NAME Steve Rochna  
MAILING ADDRESS 2005 Tarzyn Rd  
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 2005 Tarzyn Rd  
Fallon, NV 89406  
Subdivision Name: \_\_\_\_\_ County: Churchill

2. PLS LOCATION SE 1/4 NW 1/4 8 Sec 19 N/S 29 E  
PERMIT/WAIVER NO. 007-351-34  
Issued by Water Resources Current Parcel No.

Latitude 39.52806 UTM E  NAD 27  
Longitude -118.75768 UTM N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Deepen Orig WL#  
 Replacement: Original well log # 68331  
 Recondition: Original well log # \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Monitor  
 Mining / Dewater  Com / Ind  Stack  
 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	10
Brown Clay/Sand			10	21
Black Clay			21	24
Black Sand/Gravel			24	56
Black Clay			56	60
Gray Clay			60	67
Gray Sand			67	90
Brown Clay/Sand			90	98
Brown Sand			98	101
Clay/Sand			101	135
Green Clay			135	163
Gray Clay			163	168
Clay/Sand			168	217
Gray Sand/Gravel			217	248
Gray Clay			248	252
Brown Sand/Gravel		X	252	260

9. INSTRUCTION  
Depth Drilled: 260 Feet Depth Cased: 260 Feet

HOLE DIAMETER (BIT SIZE)				
	From	To		
	<u>12</u> Inches	<u>0</u> Feet	<u>260</u> 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</u>	<u>.316</u>	<u>18</u>	<u>260</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>260</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

Date started: 13-Jun 20 15  
Date completed: 18-Jun 20 15

7. WATER QUALITIES  
Static water level: 25 Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: 60.0 ° Fahrenheit  
Water Quality: \_\_\_\_\_

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

From <u>257</u>	Feet	To <u>260</u>	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

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 checked="" type="checkbox"/> Air Lift			<u>1</u>

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  
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): 2509  
Signed: [Signature]  
Date: 6/18/2015

Replaces well log 68331