

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

OFFICE USE ONLY
Log No. 122660
Permit No. _____
Basin No. 1e1

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. 72899
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Robert Ayers
MAILING ADDRESS 4250 Solias Rd
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 4250 Solias Rd
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NE 1/4 NE 1/4 16 Sec 18 N/S 28 E
PERMIT/WAIVER NO. 006-471-19
Issued by Water Resources Current Parcel No.

Latitude 39.42757 UTM E NAD 27
Longitude -118.83885 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 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	4
Brown Sand/Clay			4	30
Black Sand/Clay			30	46
Gray Gravel			46	63
Sand			63	90
Gray Clay			90	113
Gray Gravel			113	117
Black Clay			117	130
Gray Gravel			130	146
Brown Clay			146	147
Brown Sand		X	147	151

9. INSTRUCTION

Depth Drilled: 151 Feet Depth Cased: 151 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>14</u> Inches	<u>0</u> Feet <u>151</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>8</u>	<u>16.96</u>	<u>.188</u>	<u>+2</u>	<u>12</u>
<u>8</u>	<u>6.69</u>	<u>.411</u>	<u>12</u>	<u>151</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement 5 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack (> 0.2 in.) 105 to 151 Pumped Poured
 Sand Pack (< 0.2 in.) _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 15-Jul 20 15
Date completed: 17-Jul 20 15

7. WATER QUALITIES
Static water level: 16 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool ° Fahrenheit
Water Quality: _____

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 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. Contractor
Address: P.O. Box 1265 Fallon, NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 29054
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____

Signed: [Signature]
Date: 7/17/2015

RECEIVED
2015 AUG 10 PM 1:13
STATE ENGINEERS OFFICE

(Rev 12-13)

USE ADDITIONAL SHEETS IF NECESSARY