

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

OFFICE USE ONLY
Log No. 122865
Permit No. _____
Basin No. 9

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. 72901
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Albert Allen
MAILING ADDRESS 340 Bens Way
Fernley, NV 89408

DETAILED ADDRESS AT WELL LOCATION 1601 Meadowlark Dr
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION SW 1/4 NE 1/4 21 Sec 19 N/S 28 E
PERMIT/WAIVER NO. 008-283-35
Issued by Water Resources Current Parcel No.

Latitude 39.49849 UTM E NAD 27
Longitude -118.84588 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	3
Sand/Gravel			3	7
Clay			7	17
Sand/Gravel			17	41
Black Sand			41	52
Gray Sand/Gravel			52	75
Brown Gravel		X	75	80

9. INSTRUCTION
Depth Drilled: 80 Feet Depth Cased: 80 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 80
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	18
6	4	.312	18	80

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 0 to 55 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 55 to 80 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 77 Feet To 80 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 14-Jul, 20 15
Date completed: 15-Jul, 20 15

7. WATER QUALITIES
Static water level: 23 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cool ° 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. 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 checked="" type="checkbox"/> Air Lift			<u>1</u>

Nevada contractor's license number as issued by the State Contractor's Board: 2984
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____
Signed: _____
Date: 7/16/2015

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2015 AUG 10 PM 1:13
STATE ENGINEERS OFFICE