

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

OFFICE USE ONLY
Log No. 12200
Permit No. 84920T
Basin No. VI

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. 73512
WELL NAME (if applicable):

1. OWNER/CLIENT NAME Troy Adams
MAILING ADDRESS P.O. Box 1475
Fallon, NV 89407-1475

DETAILED ADDRESS AT WELL LOCATION 5676 Indian Lakes Rd
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW ¼ SW ¼ 35 Sec 20 N/S 29 E
PERMIT/WAIVER NO. 84920T 009-411-45
Issued by Water Resources Current Parcel No.

Latitude 39.5551 UTM E NAD 27
Longitude -118.70372 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
Brown Sand			0	18
Brown Clay			18	25
Gravel/Clay			25	32
Gray Clay			32	38
Black Sand			38	42
Black Silt			42	54
Gray Clay			54	59
Brown Sand			59	70
Brown Clay			70	85
Brown Sand			85	93
Gray Clay			93	105
Gray Sand			105	135
Black Clay			135	145
Gray Sand			145	162
Gray Silt			162	183
Black Rock			183	184
Sand/Gravel			184	202
Black Rock		X	202	215
Reddish Rock		X	215	225
Basalt		X	225	300

9. INSTRUCTION
Depth Drilled: 300 Feet Depth Cased: 300 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
	26 Inches	0 Feet 182 Feet
	17.5 Inches	182 Feet 228 Feet
	12.750 Inches	228 Feet 300 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
20	78.6	.375	+2	182
14	36.7	.250	182	225
8	16.9	.188	225	300

ANNULAR MATERIALS
Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	0 to 182	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	to _____	<input type="checkbox"/> Pumped	<input 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: 8-Jul 20 15
Date completed: 15-Jul 20 15

7. WATER QUALITIES
Static water level: 11 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"/> Bailor			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

PERFORATIONS:
Type of perforation: Mill Cut
Size of perforation: 1/8
From 205 Feet To 300 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

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: _____
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____
Signed: Wayne Parson
Date: 7/17/2015
By driller performing actual drilling on site or contractor

RECEIVED
 2015 AUG 10 PM 1:33
 STATE ENGINEERS OFFICE