

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

OFFICE USE ONLY
Log No. 123732
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. 72883
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME David Lumos
MAILING ADDRESS 4405 Reno Hwy
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 4405 Reno Hwy
Fallon, NV 89406
Subdivision Name: _____ County: _____

2. PLS LOCATION SE 1/4 NW 1/4 28 Sec 19 N/S 28 E
PERMIT/WAIVER NO. 008-461-44
Issued by Water Resources Current Parcel No.

Latitude 39.48296 UTM E _____ NAD 27
Longitude -118.84757 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
Sand			0	10
Brown Clay			10	14
Sand			14	19
Brown Clay			19	25
Sand/Gravel			25	33
Gray Sand			33	44
Brown Sand/Gravel			44	49
Brown Clay			49	50
Gray Sand			50	61
Gray Gravel			61	69
Brown Sand/Gravel			69	97
Brown Clay			97	111
Gray Sand/Clay			111	130
Gray Gravel			130	151
Brown Sand/Gravel		X	151	160

NAD 27
39.483043
118.846582

9. INSTRUCTION
Depth Drilled: 160 Feet Depth Cased: 160 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 160
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	20
6	4	.312	20	160

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 160 Pumped Paired
 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 157 Feet To 160 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

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

7. WATER QUALITIES
Static water level: 23 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.
Contractor
Address P.O. Box 1265 Fallon, NV 89406
Contractor

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Recorded Time (Hours)			

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: Wagner
Date: 9/25/2015

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STATE ENGINEERS OFFICE
28064
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(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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Replacing unknown well log