

OFFICE USE ONLY  
 Log No. 21032  
 Permit No. 101  
 Basin T  
 NOTICE OF INTENT NO. 22542

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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Lowell Corbett ADDRESS AT WELL LOCATION 5665 Riversedge  
 MAILING ADDRESS P.O. BOX 2297 Fallon, NV 89406  
 2. LOCATION NW 1/4 SW 29 T 19 N R 28 E Churchill County Churchill  
 PERMIT NO. 008-551-46 Riversedge Estates  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other.....  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	9	9
Brown Coarse Sand		9	14	5
Brown Clay		14	18	4
Brown Coarse Sand		18	21	3
Fine Brown Sand		21	30	9
Brown Coarse Sand		30	37	7
Fine Brown Sand		37	41	4
Fine Green Sand		41	54	13
Black & Green Coarse Sand		54	64	10
Fine Gray Sand		64	71	7
Brown Coarse Sand		71	93	22
Fine Gray Sand		93	105	12
Black & Green Coarse Sand		105	111	6
Gray Sandy Clay		111	147	36
Brown Fine Sand		147	150	3
Black & Brown Coarse Sand	X	150	162	12

8. WELL CONSTRUCTION  
 Depth Drilled 162 Feet Depth Cascd 162 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 162  
10 Inches Feet  
 Inches Feet Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	162

Perforations:  
 Type perforation Mill Cut  
 Size perforation 1/8"  
 From 158 feet to 161 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 100  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 100 feet to 162 feet

9. WATER LEVEL  
 Static water level 17' 2" feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cool °F Quality Unknown

Date started April 20 19 93  
 Date completed April 20 19 93

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Parsons Drilling, Inc. Contractor  
 Address P.O. Box 1265 Contractor  
Fallon, NV 89407-1265  
 Nevada contractor's license number issued by the State Contractor's Board 29064  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1715  
 Signed Doug Parsons  
 By driller performing actual drilling on site or contractor  
 Date April 29, 1993

'93 MAY 11 P 2:51  
 STATE ENGINEERS OFFICE