

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 63817
 Permit No. 111
 Basin _____
 NOTICE OF INTENT NO 80150

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER **Bob & Jan Smith** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **5625 June Drive** **5625 June Drive**
Fallon, NV 89406
 2. LOCATION **SE** 1/4 **NE** 1/4 Sec. **31** T **20N** N/S R **28E** E **Churchill** County
 PERMIT NO. **009-381-08** Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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	Thickness
Sand		0	16	16
Tan Clay		16	25	9
Brown Sand		25	31	6
Tan Clay		31	38	7
Gray Sand		38	50	12
Black Sand		50	74	24
Black Clay		74	80	6
Black Sand		80	100	20
Gray Clay		100	102	2
Gray Sand		102	118	16
Black Clay		118	120	2
Gray Clay		120	130	10
Gray Clay		130	165	35
Brown & Gray Sand		165	180	15
Brown Clay		180	185	5
Brownish Sand		185	195	10
Tan Clay		195	200	5
Brown Gravel & Sand	X	200	211	11

8. WELL CONSTRUCTION
 Depth Drilled **211** Feet Depth Cased **211** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 10 Inches 0 Feet 211 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	211

Perforations:
 Type perforation **Mill Cut**
 Size perforation **1/8"**
 From **208** feet to **211** 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 **211** feet

9. WATER LEVEL
 Static water level **16.6** feet below land surface
 Artesian flow **slightly** G.P.M. _____ P.S.I. _____
 Water temperature **warm** °F Quality **unknown**

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

Date started **8/22/96**, 1996
 Date completed **8/22/96**, 1996

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 checked="" type="checkbox"/> Air Lift	50		1 hr.

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 **1696**
 Signed Wendy Parsons
 By driller performing actual drilling on-site or contractor
 Date **9-14-96**

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 26 SEP 26 AM 11:30
 STATE ENGINEER'S OFFICE