

OFFICE USE ONLY  
 Log No. 64054  
 Permit No. 101  
 Basin 101

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

NOTICE OF INTENT NO. 30534

1. OWNER Ed Gieratz Construction ADDRESS AT WELL LOCATION 425 Sunrise Terrace  
 MAILING ADDRESS 78 N. Broadway Fallon, Nv 89406  
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T. 19 N. 29 E. Churchill County  
 PERMIT NO. 008-322-34 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
Brown Clay		0	10	10
Brown Sand		10	18	8
Fine Brown Sand		18	30	12
Gray Sand		30	50	20
Black Clay		50	56	6
Gray Sand		56	90	34
Brown Clay		90	94	4
Brown Sand	X	94	105	11

8. WELL CONSTRUCTION  
 Depth Drilled 105 Feet Depth Cased 105 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 105 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	105

Perforations:  
 Type perforation Well Screen  
 Size perforation .030  
 From 102 feet to 105 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 105 feet

9. WATER LEVEL  
 Static water level 4.4 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started January 25, 1996  
 Date completed January 26, 1996

7. WELL TEST DATA

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

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  
 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 1753  
 Signed Wayne Lewis By driller performing actual drilling on site or contractor  
 Date 2-23-96