

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

OFFICE USE ONLY
 Log No. 68391
 Permit No. _____
 Basin 101

PRINT OR TYPE 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. 34916

1. OWNER **Bob Hammon**
 MAILING ADDRESS **5075 Alcorn Rd.**
Fallon, NV 89406

ADDRESS AT WELL LOCATION **1355 Golden Parkway, Fallon, 89406**

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **19** T **19**
 PERMIT NO. **008-322-48** N/S R **29E** E **Churchill** County

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	Thickness
Br. Sand		0	6	6
Brown Clay		6	10	4
Br. Coarse Sand		10	29	19
Grey Clay		29	32	3
Grey Sand		32	48	16
Gray Clay		48	54	6
Sandy Black Clay		54	57	3
Black Sand		57	65	8
Gray Clay		65	70	5
Grey Sand		70	81	11
Brown Clay		81	82	1
Coarse Brown Clay		82	88	6

8. WELL CONSTRUCTION
 Depth Drilled **88** Feet Depth Cased **88** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10inch Inches **0** Feet **88** 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	12.99	.188	0	88

Perforations:
 Type perforation **Mill Cut**
 Size perforation **1/8**

From **85** feet to **88** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50ft.** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **88** feet

9. WATER LEVEL
 Static water level **14.7** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °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 **11/20/96**, 19____
 Date completed **11/20/97**, 19____

7. WELL TEST DATA

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

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 William K... [Signature]
 By driller performing actual drilling on-site or contractor

Date **1-13-96**