

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

OFFICE USE ONLY
 Log No. 68418
 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. 36689

1. OWNER Eddy Venturacci ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 560 W Williams 1281 Venturacci Lane, Fallon, NV 89406
 Fallon, NV 89406

2. LOCATION NE 1/4 SE 1/4 Sec. 25 T 19N N/S R 28E E Churchill County
 PERMIT NO. 8-322-85 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
Brown Sand		0	10	10
Brown Clay		10	15	5
Brown Sand		15	30	15
Brown Clay		30	32	2
Gray Sand		32	48	16
Black Silt		48	62	14
Gray Sand		62	70	8
Gray Clay		70	76	6
Brown Clay		76	79	3
Brown Sand	X	79	102	23

8. WELL CONSTRUCTION
 Depth Drilled 102 Feet Depth Cased 102 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 102 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	102

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8

From 98 feet to 102 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 90
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 90 feet to 102 feet

9. WATER LEVEL
 Static water level 9'6" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality unknown

Date started 5/5/97, 19____
 Date completed 5/5/97, 19____

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	<u>60</u>		<u>1 hr.</u>

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 1753

Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 5-14-97