

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 71308

Permit No. _____

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. 37724

1. OWNER Carl Sandgren ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 692 1550 Golden Parkway, Fallon, NV 89406
Fallon, NV 89406

2. LOCATION NW 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E E Churchill County
 PERMIT NO. 008-322-76 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
Sand		0	2	2
Clay		2	16	14
Brown Coarse Sand		16	31	15
Fine Gray Sand		31	36	5
Gray Clay		36	43	7
Black & Green Clay		43	51	8
Black Coarse Sand		51	58	7
Green Clay		58	65	7
Gray Sandy Clay		65	74	9
Black & Green Coarse Sand		74	81	7
Brown Coarse Sand & Gravel		81	91	10
Brown Sandy Clay		91	99	8
Brown Coarse Sand	X	99	109	10

8. WELL CONSTRUCTION

Depth Drilled 109 Feet Depth Cased 109 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</u>	<u>0</u>	<u>109</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 PVC</u>	<u>3.92</u>	<u>.258</u>	<u>0</u>	<u>109</u>

Perforations: Type perforation Saw Cut
 Size perforation 1/8

From 106 feet to 109 feet

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

Depth of Seal 100

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 100 feet to 109 feet

9. WATER LEVEL

Static water level 9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 5/8/98, 19____
 Date completed 5/8/98, 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	<u>20</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 1715

Signed Douglas Parsons
 By driller performing actual drilling on-site or contractor
 Date 5-11-98

RECEIVED
 MAY 19 10:20
 WATER RESOURCES DIVISION