WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 74239
Permit No.
Basin 101

NOTICE OF INTENT NO. 38933-1

1. OWNER LJ Suffia
MAILING ADDRESS 5620 Riversedge Drive
Fallon, NV 89406

ADDRESS AT WELL LOCATION
5620 Riversedge Drive, Fallon, NV 89406

2. LOCATION SE 1/4 SE 1/4 Sec. 29 T 19N N/S R 28E E Churchill County
PERMIT NO. _____ Issued by Water Resources
8-551-30 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
See next line		0	0	0
Neat Cement Pumped from 20ft to Surface				
See next line		0	0	0
Bentonite Pellets from bottom to 20ft				

Date started 7/18/98, 19__
Date completed 7/18/98, 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	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	86

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal _____
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 12.2 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

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 10-26-98