

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 74281
 Permit No. 1013
 Basin _____

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. 36745

1. OWNER Alvin Hanks
 MAILING ADDRESS 3170 Eugene Way
Fallon, NV 89406

2. LOCATION SE 1/4 NW 1/4 Sec. 18 T 19N N/S R 29E E Churchill County
 PERMIT NO. _____ 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
		0		8
Sand		0	2	2
Clay		2	10	8
Sand		10	22	12
Clay		22	25	3
Gray Sand		25	48	23
Black Clay		48	52	4
Black Sand & Clay		52	75	23
Coarse Green & Gray sand		75	90	15
Coarse Brown Sand		90	98	8
Coarse Brown Sand		98	106	8
Coarse Brown Sand	X	106	115	9
Tan Clay		115	116	1

8. WELL CONSTRUCTION
 Depth Drilled 116 Feet Depth Cased 116 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 116 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	116

Perforations:
 Type perforation Mill Cut
 Size perforation 1/8

From 113 feet to 116 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 116 feet

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

Date started 8/1/97, 19____
 Date completed 8/1/97, 19____

7. WELL TEST DATA

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

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 1696
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 8-1-97

RECEIVED
 17 AUG -8 AM 11:21
 WATER RESOURCES