

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 74301
 Permit No. 101 64635
 Basin _____
 NOTICE OF INTENT NO. 38944

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

1. OWNER Churchill County Telephone ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P.O. Box 1390 5005 Reno Hwy, Fallon, NV 89406
Fallon, NV 89407-1390
 2. LOCATION SE SW 1/4 NE NW 1/4 Sec. 29 T 19N N/S R 28E E Churchill County
 PERMIT NO. 64360-T 64635 008-473-01 Subdivision Name _____
 Issued by Water Resources Parcel No. _____

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	Thick-ness
Brown Sand		0	12	12
Brown Clay		12	27	15
Brown Sand		27	45	18
Fine Green Sand		45	52	7
Gray Sand		52	68	16
Brown Sand		68	87	19
Brown Clay		87	105	18
Gray Sand		105	127	22
Gray Clay		127	133	6
Gray sand		133	143	10
Brown Clay		143	155	12
Brown Sand		155	163	8
Brown Clay		163	166	3
Brown Sand	X	166	177	11

8. WELL CONSTRUCTION
 Depth Drilled 177 Feet Depth Cased 177 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 Inches 0 Feet 177 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	14.96	.188	0	20
8 PVC	7.17	.258	0	177

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 170 feet to 175 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 177 feet

9. WATER LEVEL
 Static water level 30.3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 8/28/98, 19____
 Date completed 9/1/98, 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 checked="" type="checkbox"/> Air Lift	<u>200</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 Wing Lee
 By driller performing actual drilling on-site or contractor
 Date 9/30/98

RECEIVED
 30 OCT - 9 AM 10:26
 STATE ENGINEERING OFFICE