

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 74698
 Permit No. _____
 Basin 101

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. 40 31



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Lou Carrica
 MAILING ADDRESS 2955 Reno Hwy
Fallon, NV 89406

ADDRESS AT WELL LOCATION 2805 Reno Hwy, Fallon,
NV 89406

2. LOCATION NW 1/4 SW 1/4 Sec. 26 T 19N N/S R 28E 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	Thick-ness
Brown Sand		0	30	30
Brown Clay		30	33	3
Brown sand		33	37	4
Brown Silt		37	41	4
Gray Sand		41	50	9
Gray Clay		50	62	12
Brown Clay		62	70	8
Brown Sand		70	74	4
Gray Sand		74	76	2
Brown Clay		76	78	2
Brown Sand		78	90	12
Brown Clay		90	93	3
Brown Sand		93	97	4
Gray Silt		97	100	3
Gray Silt		100	110	10
Gray Sand		110	120	10
Gray Clay		120	135	15
Gray Sand		135	155	20
Gray Clay		155	163	8
Brown Sand	XX	163	180	17

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
14 Inches From 0 Feet To 180 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 PVC	5.88	.258	20	180
8 Steel	14.96	.188	0	20

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From _____ 175 feet to _____ 180 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 180 feet

9. WATER LEVEL
 Static water level 21.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

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 1264 Contractor
Fallon, Nv. 89407
 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 Wayne Parsons
 By driller performing actual drilling on-site or contractor
 Date 3/16/99

Date started 2/26/99, 19____
 Date completed 3/2/99, 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>70</u>		<u>1hr</u>