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. 18409
Permit No.
Basin 101

NOTICE OF INTENT NO. 42803

1. OWNER USCG
MAILING ADDRESS 2000 Embarcadero St. Suite 200
Oakland, CA 94606-5337

ADDRESS AT WELL LOCATION 5050 Soda Lake Rd.
Fallom Nv. 89406

2. LOCATION NE 1/4 SE 1/4 Sec. 34 T 20N 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	Thickness
PULLED PUMP				
CHECKED DEPTH OF				
WELL 102 FEET				
PERFORATED CASING FROM				
TOP TO BOTTOM				
FILLED WELL WITH				
1 1/2 YARDS OF				
SAND/CEMENT SLURRIE				

Date started 9/9/99 , 19__
Date completed 9/10/99 , 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	102

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 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 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 1454
Signed Norman Parsons (By driller performing actual drilling on-site or contractor)
Date 09/28/99

USE ADDITIONAL SHEETS IF NECESSARY