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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. 3681

1. OWNER Ed Gieratz ADDRESS AT WELL LOCATION 670 Hunter Parkway
 MAILING ADDRESS 1919 Hillsboro Rd Fallon Nv. 89406
 Fallon, NV 89406

2. LOCATION SW 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E E Churchill County
 PERMIT NO. 08-314-17 Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE Rotary Cable Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sand		0	15	15
Brown Clay		15	20	5
Gray Clay		20	30	10
Brown Clay		30	35	5
Brown Sand		35	40	5
Gray Clay		40	65	25
Gray Sand		65	80	15
Brown Sand		80	95	15
Brown Clay		95	130	35
Green Clay		130	150	20
Gray Clay		150	165	15
Gray Sand		165	185	20
Brown Clay		185	190	5
Brown Sand	X	190	215	25

8. WELL CONSTRUCTION
 Depth Drilled 215 Feet Depth Cased 215 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 215 Feet
 _____ inches _____ Feet _____ Feet
 _____ inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	10
6	3.92	.258	10	215

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8

From 210 feet to 215 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 100
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From 210 feet to 215 feet

9. WATER LEVEL
 Static water level 22 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 01/14/2001

Date started 12/14/1999, 19____
 Date completed 12/14/1999, 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>60</u>		<u>1 hr</u>