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. 83339
Permit No.
Basin 101

NOTICE OF INTENT NO. 44232

1. OWNER Gary Hutchings
MAILING ADDRESS 4650 Bottom Rd
Fallon, NV 89406

ADDRESS AT WELL LOCATION 11494 Fulkerson Rd
Fallon Nv 89406

2. LOCATION SE 1/4 NW 1/4 Sec. 8 T 19 N/S R 27 E Churchill County
PERMIT NO. _____ Issued by Water Resources | Parcel No. | Subdivision Name

3. WORK PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Abandon [ ] Other

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

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[ ] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand		5	18	13
Brown Clay		18	22	4
Brown Sand		22	35	13
Brown Clay		35	50	15
Brown Sand		50	60	10
Brown Clay		60	72	12
Brown Sand		72	95	23

Date started 05/30/2000 , 19__
Date completed 05/30/2000 , 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [X] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
40		1hr

8. WELL CONSTRUCTION
Depth Drilled 95 Feet Depth Cased 95 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10	Inches	0	Feet	95	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	15
6pvc	3.92	.258	15	95

Perforations:
Type perforation saw cut
Size perforation 1/8
From 90 feet to 95 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 50
Placement Method: [X] Pumped [ ] Poured
Seal Type: [ ] Neat Cement [ ] Cement Grout [X] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 50 feet to 95 feet

9. WATER LEVEL
Static water level 52 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 [signature] By driller performing actual drilling on-site or contractor
Date 05/31/2000

USE ADDITIONAL SHEETS IF NECESSARY