

OFFICE USE ONLY  
 Log No. 83746  
 Permit No. \_\_\_\_\_  
 Basin. 101  
 NOTICE OF INTENT NO. 45978

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 Greg ERICKSON ADDRESS AT WELL LOCATION 2121 SILVER CIR  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SE 1/4 NE 1/4 Sec 35 T. 19 S. R. 28 E Churchill County  
 PERMIT NO. 008-811-57 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
Clay		0	05	5
Sand		5	45	40
Black Clay		45	95	50
Clay		95	98	3
Sand		98	103	5

8. WELL CONSTRUCTION  
 Depth Drilled 103 Feet Depth Cased 103 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
12 Inches 0 Feet 103 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>3.2</u>	<u>.280</u>	<u>0</u>	<u>103</u>

 Perforations:  
 Type perforation SLOTS  
 Size perforation 1/8 X 3  
 From 98 feet to 103 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 98 feet to 103 feet

RECEIVED  
 CHAIR 12 PM 12/23  
 STATE ENGINEERS OFFICE

Date started 2-13-2001  
 Date completed 2-15-2001

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>20</u>	<u>4</u>	<u>4</u>	<u>4</u>

9. WATER LEVEL  
 Static water level 14 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °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 FARRIS DRILLING Contractor  
 Address P.O. Box 5205 Contractor  
FALLON NV 89407  
 Nevada contractor's license number issued by the State Contractor's Board 43145  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2082  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 2-28-01