

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. 87788  
 Permit No. \_\_\_\_\_  
 Basin 138

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **50570**

1. OWNER **Paul Inchauspe** ADDRESS AT WELL LOCATION **Grass Valley, NV**  
 MAILING ADDRESS **HC 61 Box 61230**  
**Austin, NV 89310**

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **16** T **21N** N/S R **46E** E **Lander** County  
 PERMIT NO. **68540-T** Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
Issued by Water Resources

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
Gravel		0	15	15
Brown Clay		15	17	2
Gravel		17	20	3
Cobble Stone w/Clay		20		
Streaks			45	25
Cement Cobble Stone		45	90	45
Silty Clay		90	210	120
Gravel		210	225	15
Silty Clay		225	234	9
Gravel	XX	234	245	11
Red Rock	XX	245	248	3

8. WELL CONSTRUCTION  
 Depth Drilled **248** Feet Depth Cased **248** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
36 Inches	0	50 Feet
22 Inches	50	248 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	42	.250	0	248
30	20.75	.065	0	50

Perforations:  
 Type perforation **Mill Cut Double Row**  
 Size perforation **3/16**

From	To
100 feet	248 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

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

Gravel Packed:  Yes  No  
 From **0** feet to **248** feet

9. WATER LEVEL  
 Static water level **16** 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 1265** Contractor  
**Fallon Nv. 89407-1265**  
 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 **07/19/2002**

Date started **05/30/2002**, 19  
 Date completed **06/02/2002**, 19

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
1500	168	5hr