

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

NOTICE OF INTENT NO. **50578**

1. OWNER Ken Greenwell ADDRESS AT WELL LOCATION 17 Sunrise Terrace,
 MAILING ADDRESS 1111 Ernst Drive Fallon, NV 89406
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E E churhill County
 PERMIT NO. 08-314-19 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown sand		0	2	2
Brown Clay		2	9	7
Brown Sand		9	10	1
Brown Clay		10	13	3
Brown Sand		13	28	15
Brown Clay		28	30	2
Black Clay		30	32	2
Green Clay		32	33	1
Gray Sand		33	37	4
Black Clay		37	45	8
Black Sand		45	50	5
Black Clay		50	54	4
Black sand		54	61	7
Gray Clay		61	74	13
Gray sand		74	88	14
Brownish sand		88	91	3
Brown sand	XX	91	103	12

8. WELL CONSTRUCTION
 Depth Drilled 103 Feet Depth Cased 103 Feet
 HOLE DIAMETER (BIT SIZE)
 10 Inches From 0 Feet To 103 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	10
6 PVC	3.92	.258	10	103

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From _____ 100 feet to _____ 103 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 103 feet

9. WATER LEVEL
 Static water level 14 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

Date started 07/08/2002, 19
 Date completed 07/08/2002, 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>30</u>		<u>1 hr</u>

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 2212
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 07/10/2002