

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 93909
 Permit No. _____
 Basin 76

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 54530

1. OWNER Kasm Construction
 MAILING ADDRESS 782 Divot Drive
Fernley, NV 89408
 ADDRESS AT WELL LOCATION 3570 Desert Shadows
Fernley, NV 89408

2. LOCATION NE 1/4 NE 1/4 Sec 22 T 20 N R 25 E Lyon County
 PERMIT NO. 21-301-40

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	Thickness
Gravel		0	60	60
Gravel		60	62	2
Brown Clay		62	83	21
Clay & Gravel		83	86	3
Brown Clay		86	90	4
Black Gravel		90	103	13
Brown Clay		103	115	12
Black Gravel		115	134	19
Brown Clay		134	136	2
Black Gravel		136	152	16
Brown Clay		152	170	18
Gray Clay		170	175	5
Brown Clay		175	182	7
Yellow Clay		182	185	3
Brown Clay		185	193	8
Gravel		193	196	3
Gray Clay		196	200	4
Gravel	x	200	215	15
Clay		215	220	5

8. WELL CONSTRUCTION

Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 220 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	20
6 PVC	3.82	.258	20	220

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 180 feet to 220 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 50 feet to 220 feet

9. WATER LEVEL

Static water level 120 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 Wage Parsons
 By driller performing actual drilling on site or contractor

Date 06/01/04

Date started 02/05, 20 04
 Date completed 02/08, 20 04

7. WELL TEST DATE

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

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 STATE ENGINEERS OFFICE

