

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

STATE OF NEVADA

OFFICE USE ONLY

DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



Log No. 93930
 Permit No. _____
 Basin 101

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. 54553

1. OWNER Pat Gerringer/John Petty ADDRESS AT WELL LOCATION 12865 Van Fleet Road
 MAILING ADDRESS 12888 Van Fleet Road Fallon, NV 89406
Fallon, N V 89406

2. LOCATION 10x 1/4 nw 1/4 Sec 7 T 19 N R 27 E churchill County
 PERMIT NO. SW 007-141-70
 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
Brown Clay		0	10	10
Brown Sand		10	18	8
brown Clay		18	30	12
Brown Sand		30	35	5
Brown Clay		35	53	23
Brown Sand		53	96	43
Brown Clay		96	112	16
Brown Sand	XX	112	155	43

Handwritten notes in log:
 N39.528328
 W 119.002679
 NAD83

Vertical stamp:
 RECEIVED
 04 JUL 23 AM 10:58
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION

Depth Drilled 155 Feet Depth Cased 155 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To 155 Feet
10 Inches _____ Feet _____ 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	20
6 PVC	3.82	.258	20	155

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From _____ feet to _____ 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 _____ feet to _____ feet 155 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ GPM _____ P.S.I.
 Water temperature cool °F Quality unknown

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>		<u>1hr</u>

Date started 02/09/2004
 Date completed 02/09/2004

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 PO. Box 1265 (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 02/09/2004