

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. 95403
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 54566

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.140

1. OWNER Sally Marshall
 MAILING ADDRESS 992 S. 4575 W
Cedar City, Utah
 ADDRESS AT WELL LOCATION 2760 Harrigan Rd.
Fallon, Nv. 89406

2. LOCATION NE 1/4 SE 1/4 Sec 6 T 18 N R 29 E Churchill County
 PERMIT NO. 006-741-32
 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
surface sand		0	8	8
Sand		8	12	4
clay		12	14	2
sand		14	16	2
clay		16	30	14
Gravel/sand		30	36	6
sand		36	55	19
blk clay/sand		55	65	10
blk sand/		65	74	9
blk clay		74	85	11
blk sand/gray		85	95	10
gray clay		95	115	20
br gray sand		115	125	10
br gray sand		125	144	19
gray brown sand	XX	144	158	14

8. WELL CONSTRUCTION
 Depth Drilled 158 Feet Depth Cased 158 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 10 Inches _____ 0 Feet _____ 158 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
6PVC	9.92	.258	20	158

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 50ft Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 158 feet

9. WATER LEVEL
 Static water level _____ 19 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started March 22, 20 04
 Date completed March 22, 20 04

7. WELL TEST DATE

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

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
 Nevada contractor's license number issued by the State Contractor's Board 1454
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 29064
 Signed Norman Parsons
 By driller performing actual drilling on site or contractor
 Date 4-2-04

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 04 JUL 26 PM 12:10
 STATE ENGINEERS OFFICE