

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. 916111  
 Permit No. 108  
 Basin 108

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. 55145

1. OWNER Kimball Homes ADDRESS AT WELL LOCATION Kimball Homes  
 MAILING ADDRESS 4150 Reno Hwy 630 Thorubird Dr  
Fallon, NV 89406 Fallon, NV 89406

2. LOCATION nw  $\frac{1}{4}$  se  $\frac{1}{4}$  Sec 6 T 18 N R 29 E Churchill County

PERMIT NO. 006-732-57

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
Sand		0	3	3
Brown Clay		3	15	12
Brown Sand		15	32	17
Black Sand		32	48	16
Black Clay		48	64	16
Black Sand		64	73	9
Green Clay		73	83	10
Black Sand		83	90	7
Brown Clay		90	95	5
Brown Sand	xx	95	100	5

8. WELL CONSTRUCTION  
 Depth Drilled 100 Feet Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 0 Feet 100 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	160

Perforations:  
 Type perforation Saw Cut  
 Size perforation 1/8  
 From 95 feet to 100 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 100 feet

9. WATER LEVEL  
 Static water level 10 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.

Date started 04/07, 20 05  
 Date completed 04/07, 20 05

7. WELL TEST DATE

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			

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 1758  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date 04/21/05

RECEIVED  
 05 APR 28 AM 11:00  
 STATE ENGINEERS OFFICE