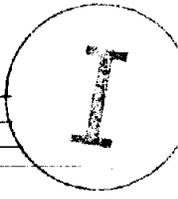


STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. **98298**
Permit No. _____
Basin 101



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 56117

1. OWNER Coverston Construction
MAILING ADDRESS P.o. Box 1016 Fallon, NV 89406
Fallon, NV 89406

ADDRESS AT WELL LOCATION 1255 Taryn Rd.
Fallon, NV

2. LOCATION ^{SW} 1/4 NW 1/4 Sec. 8 T 19N R 29E
PERMIT NO. Parcel No. 00735141

Subdivision Name Churchill County
Lot

3. WORK PERFORMED
New Well

4. PROPOSED USE
Domestic

5. WELL TYPE
Rotary-mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	8	8
Brown Sand		8	12	4
Brown Clay		12	23	11
Gray Clay		23	32	9
Gray Sand		32	54	22
Black Clay		54	65	11
Black Sand		65	81	16
Brown Clay		81	88	7
Brown Sand	X	88	100	12

8. WELL CONSTRUCTION
Depth Drilled 100 Depth Cased 100 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
12.3 Inches	0 Feet	50 Feet
10 Inches	50 Feet	100 Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (inches)	Weight/Ft. (Pounds)	Wall Thickness	From (Feet)	To (Feet)
6.625	12.92	6.625	0	20
6	3.85	0.258	20	100

Perforations:
Type perforation Saw Cut
Size perforation 0.125
From 95 feet to 100 feet

Surface Seal: Yes No Seal Type: Concrete Grout
Depth of Seal ~~100~~ 50
Placement Method: Pumped
Gravel Packed: Yes No
From 50 feet to 100 Feet

9. WATER LEVEL
Static Water Level 16 feet below land surface
Artesian Flow G.P.M. P.S.I.
Water temperature ° 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 403 McLean Road
Fallon, NV 89407
Contractor

Nevada contractor's license number 29064
issued by the State Contractor's Board
Nevada driller's license number issued by the
Division of Water Resources, the on-site driller

Signed *[Signature]*
By driller performing the actual drilling on site or contractor
Date 8/3/2005

RECEIVED
05 AUG 12 PM 2:00
STATE ENGINEERING OFFICE

Latitude _____
Longitude _____

Date started 7/20/2005
Date completed 7/20/2005

7. WELL TEST DATA

TEST METHOD

Comments	GPM	Drawdown	Time (Hours)