STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 108859
Permit No.
Basin 181

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. **64512**

1. OWNER **Oscar Cromer**
MAILING ADDRESS **6700 Cox Rd.**
Fallon, NV 89406

ADDRESS AT WELL LOCATION **6700 Cox Rd,**
Fallon, NV 89406
Subdivision Name: *County:* **Churchill**

2. LOCATION **SE¼NW¼ Sec18T19N/ R28E**
PERMIT/WAIVER NO. **008-112-05**
Issued by Water Resources Parcel. No.

Latitude **39.51099** UTM E ☐ NAD 27
Longitude **-118.88878** N ☒ NAD 83/WGS 84

3. WORK PERFORMED
☐ New Well ☒ Replace ☐ Recondition
☐ Deepen ☑ Other Plugged

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
Brown Sand		0	18	18
Brown Clay		18	22	4
Brown Gravel		22	43	21
Brown Silt		43	52	9
Gray Clay		52	57	5
Black Fine Sand		57	68	11
Black Clay		68	80	12

Pumped in 20% Grout from 80 to 20ft Pumped Neat cement from 20ft to surface

No Casing was installed

39.511074°N
118.887790°W
NAD 27 TA

Date started: 9/17, 20 09
Date completed: 9/17, 20 09

9. ***WELL CONSTRUCTION***
Depth Drilled **80** Feet Depth Cased Feet

HOLE DIAMETER (BIT SIZE)

	From	To
12 Inches	0 Feet	50 Feet
10 Inches	50 Feet	80 Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type of perforation
Size of perforation
From feet to feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☐ Neat Cement to ☐ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☐ ≥30% Bentonite Grout to ☐ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type:

7. *Water Level*
Static water level: feet below land surface
Artesian Flow: G.P.M. P.S.I
Water Temperature: °F
Quality:

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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
By driller performing actual drilling on site or contractor
Date **9/24/09**

2009 SEP 30 AM 10:59 STATE ENGINEER'S OFFICE