

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 110517
 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. 63762

1. OWNER **George Hucke** ADDRESS AT WELL LOCATION **990 Sheckler Cut-Off**
 MAILING ADDRESS **994 Sheckler Cut-Off** **Fallon, NV 89406**
 Fallon, NV 89406
 Subdivision Name: _____ County: **Churchill**

2. LOCATION **SW 1/4 SE 1/4 Sec 30 T19 N R28 E** 008-591-33 Latitude **39.47543N** UTM E _____ NAD 27
 PERMIT/WAIVER NO. _____ Longitude **-118.88205W** N _____ NAD 83/WGS 84
 Issued by Water Resources Parcel No. _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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	Thickness
Brown Sand		0	18	18
Brown Clay		18	32	14
Brown Sand		32	41	9
Gray Clay		41	71	30
gray Sand		71	78	7
Black Clay		78	108	30
Black Sand		108	142	34
Brown Clay		142	146	4
Brown Sand	X	146	158	12

39.476°N NAD 27 O.D.
 118.881°W

2009 JUN -5 AM 11:41
 STATE CONTRACTOR'S BOARD

9. WELL CONSTRUCTION

Depth Drilled **158** Feet Depth Cased **158** Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 3/4 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	12.92	.188	0	19
6	4.1	.316	19	158

Perforations:

Type of perforation **Saw Cut**
 Size of perforation **1/8**

From	To
155 feet	158 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Annular Seal: Yes No

Material	Quantity	Method
<input checked="" type="checkbox"/> Neat Cement	0 to 10	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	100 to 10	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100 to 158	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: 3/8 Well Gravel		
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type: _____		

7. Water Level

Static water level: **25** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **cool** °F
 Quality: **unknown**

8. WELL TEST DATA

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	15		1hr

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 **2307**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **29064**

Signed 
 By driller performing actual drilling on site or contractor
 Date **5/26/09**

MMA - (F)