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

OFFICE USE ONLY
Log No. 111345
Permit No.
Basin 101

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 64514

1. OWNER John Cann
MAILING ADDRESS 2700 King St.
Fallon, NV 89406

ADDRESS AT WELL LOCATION 2700 King St.
Fallon, NV 89406
Subdivision Name:
County: Churchill

2. LOCATION SE ¼ ~~NE~~ NW ¼ Sec 14 T 19N N/S R 27 E
PERMIT/WAIVER No. 007-151-21
Issued by Water Resources
Parcel No.

Latitude 39.51290
Longitude -118.92518
UTM E
N
☐ NAD 27
☒ NAD 83/WGS 84

3. WORKED 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
Sand		0	5	5
Clay, Brown		5	28	23
Sand		28	36	8
Clay, Gray		36	51	15
Sand, Brown		51	60	9

39.512,985°N NAD 27 D.D.
118.924,189°W

Date started: Oct. 26, 20 09
Date completed: Oct. 26, 20 09

9. WELL CONSTRUCTION
Depth Drilled 60 Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
12.25	Inches	0	Feet	60	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.63	12.92	.188	0	19
6	4.1	.316	19	60

Perforations:
Type of perforation Saw Cut
Size of perforation .125
From 58 feet to 60 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☒ Yes ☐ No
☒ Neat Cement 0 to 10 ☒ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☒ ≥30% Bentonite Grout 10 to 50 ☒ Pumped ☐ Poured
Gravel Pack: ☒ Yes ☐ No 50 to 60 ☒ Pumped ☐ Poured
Type: 3/8" Well Gravel
Bentonite Chips: ☐ Yes ☐ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 13 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	1

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* 29064
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* 2307
Signed
By driller performing actual drilling on site or contractor
Date 11/16/2009

(Rev. 05-06)
USE ADDITIONAL SHEETS IF NECESSARY

MMH - F