

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

OFFICE USE ONLY
Log No. 120910
Permit No. _____
Basin No. 101

PRINT OR TYPE IN BLACK INK 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. 71334
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Babb, Judith
MAILING ADDRESS 7319 Milburn Lane, Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 7319 Milburn Lane
Fallon, NV 89406

2. PLS LOCATION NW 1/4 SE 1/4 25 Sec 19 N/S 27 E
PERMIT/WAIVER NO. 007-271-21
Issued by Water Resources Current Parcel No.

Subdivision Name: _____ County: Churchill
Latitude 39.48005 UTM E NAD 27
Longitude -118.89881 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
Brown Sand W/Gravel			0	21
Brown Clay			21	26
Gray Clay			26	39
Black/Gray Sand			39	63
Black Sand/Clay			63	76
Brown Clay			118	124
Brown Gravel		X	124	135

9. INSTRUCTION
Depth Drilled: 135 Feet Depth Cased: 135 Feet

HOLE DIAMETER (BIT SIZE)			
From		To	
<u>12</u> Inches	<u>0</u> Feet	<u>135</u> Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>+2</u>	<u>18</u>
<u>6</u>	<u>4</u>	<u>.316</u>	<u>18</u>	<u>135</u>

ANNULAR MATERIALS
Sanitary Seal x Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>5</u> to <u>105</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105</u> to <u>135</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 29-Aug 2014
Date completed: 3-Sep 2014

PERFORATIONS:
Type of perforation: Saw Cut
Size of perforation: 0.125
From 132 Feet To 135 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

7. WATER QUALITIES
Static water level: 11 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Parsons Drilling, Inc. Contractor
Address P.O. Box 1265 Fallon, NV 89406 Contractor

B. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

Nevada contractor's license number as issued by the State Contractor's Board: 29084
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2285
Signed: Wayne Parsons
Date: 9-25-2014
By driller performing actual drilling on-site or contractor

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2014 SEP 30 11:16
ENGINEERS
2285