

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

OFFICE USE ONLY
Log No. 124132
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. 74277
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Daniel Peterson
MAILING ADDRESS 1668 Soda Lake Rd
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 1668 Soda Lake Rd
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NW 1/4 SW 1/4 NW 11 Sec 24 N/S 28 E
PERMIT/WAIVER NO. 008-211-77
Issued by Water Resources Current Parcel No.

Latitude 39.49783 UTM E _____ NAD 27
Longitude -118.8558 UTM N _____ NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # unknown
 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
Top Soil			0	5
Brown Sand			5	35
Black Sand			35	37
Brown Sand			37	47
Brown Clay			47	52
Green Sand			52	59
Gray Sand			59	62
Gravel/Sand			62	77
Green Sand			77	95
Brown Sand		X	95	105

9. INSTRUCTION				
Depth Drilled:	105	Feet	Depth Cased:	105
HOLE DIAMETER (BIT SIZE)				
	From	To		
12	Inches	0	Feet	105
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	20
6	4	.312	20	105

ANNULAR MATERIALS				
	Sanitary Seal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Neat Cement	0	to	100	<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 checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	100	to	105	<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: 6-Nov 20 15
Date completed: 6-Nov 20 15

7. WATER QUALITIES
Static water level: 26 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
Nevada contractor's license number as issued by the State Contractor's Board: 29064
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2509
Signed: [Signature]
Date: 11/10/2015

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

RECEIVED
NOV 11 2015
2:00
OFFICE

Replaces Unknown well log