

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 7965
 Permit No. _____
 Basin 101
 NOTICE OF INTENT NO. 37738

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Martin Enterprises ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1600 Lattin Road 1075 Penelope Ct, Fallon, NV 89406
Fallon, NV 89406
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T 19N N/S R 29E E Churchill County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Irrigation Test Municipal/Industrial Monitor Stock Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand		0	3	3
Brown Coarse Sand		3	19	16
Brown Fine Sand		19	24	5
Brown Coarse Sand		24	29	5
Green Fine Sand		29	31	2
Black Silt		31	43	12
Black Coarse Sand		43	47	4
Fine Green Sand		47	56	9
Black & Green Coarse Sand		56	64	8
Fine Green Sand		64	66	2
Black & Green Coarse Sand		66	74	8
Brown Clay		74	81	7
Brown Coarse Sand		81	87	6
Brown Clay		87	98	11
Brown Coarse Sand	X	98	105	7

8. WELL CONSTRUCTION
 Depth Drilled 105 Feet Depth Cased 105 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 105 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	14.96	.188	0	10
6 PVC	3.92	.258	0	105

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 102 feet to 105 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 100
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 100 feet to 105 feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

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 1715
 Signed Douglas Parson By driller performing actual drilling on-site or contractor
 Date 6-11-98

Date started 6/2/98, 19____
 Date completed 6/2/98, 19____

7. 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	<u>20</u>		<u>1 hr.</u>