

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
 Log No. 79711  
 Permit No. 101  
 Basin \_\_\_\_\_



PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 44273

1. OWNER Jim Bodley ADDRESS AT WELL LOCATION 7420 Sandhill Rd Fallon  
 MAILING ADDRESS 7420 Sandhill Rd. Nv 89406  
 2. LOCATION SW 1/4 NE 1/4 Sec. 35 T 18 N/S R 28 E Churchill County  
 PERMIT NO. 655345 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown Sand		0	11	11
Brown Clay		11	15	4
Brown Sand		15	18	3
Brown Clay		18	22	4
Brown Sand		22	31	9
Black Sand		31	57	26
Black Clay		57	60	3

Hole was plugged 60' to 20' 20% grout  
 Cement From 20' to 0'

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 \_\_\_\_\_ Inches From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 03/30/2000, 19\_\_\_\_  
 Date completed 03/30/2000, 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 type="checkbox"/> Air Lift			

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 1264 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 1753  
 Signed Wayne Carson  
 By drill or performing actual drilling on-site or contractor  
 Date 04/12/2000