

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

OFFICE USE ONLY
 Log No. 81864
 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. **I 4150**

1. OWNER **Carl Carpenter** ADDRESS AT WELL LOCATION **839 Butte View Drive**
 MAILING ADDRESS **839 Butte View Drive** **Fallon, NV 89406**
Fallon, NV 89406

2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **8** T **19N** N/S R **27E** E **Churchill** County
 PERMIT NO. _____ Parcel No. **7-141-25** Subdivision Name _____
Issued by Water Resources

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown sand		0	60	60
Brown Clay		60	75	15
Brown Sand		75	95	20
Brown Clay		95	110	15
Brown Sand		110	117	7
Gray Caly		117	128	11
Brown Clay		128	133	5
Brown Sand		133	170	37
Brown Clay		170	190	20
Brown Sand	XX	190	200	10

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **200** Feet
 _____ 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	0	10
6 PVC	3.92	.258	10	200

Perforations:
 Type perforation **Saw Cut**
 Size perforation **1/8**

From _____	170	feet to	_____	180	feet
From _____	190	feet to	_____	200	feet
From _____		feet to	_____		feet
From _____		feet to	_____		feet
From _____		feet to	_____		feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **50** feet to **200** feet

9. WATER LEVEL
 Static water level **80** 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 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 *Walter Parsons*
 By driller performing actual drilling on site or contractor
 Date **06/27/2000**

Date started **06/09/2000** 19____
 Date completed **06/09/2000** 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 checked="" type="checkbox"/> Air Lift	60		1hr

RECEIVED
 06/27/2000
 STATE OF NEVADA
 DIVISION OF WATER RESOURCES