



Log No. 38351

Permit No. _____

Basin 101

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. **50591**

1. OWNER **Bob Hammon**
 MAILING ADDRESS **5075 Alcorn Road**
Fallon, NV 89406

ADDRESS AT WELL LOCATION **1145 Venturacci Lane,**
Fallon, NV 89406

2. LOCATION **SWSE 1/4 SE 1/4 Sec. 19 T 19N** N/S R **28 E** **Churchill** County
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. **08-312-19** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sand		0	20	20
Brown Clay		20	24	4
Brown Sand		24	26	2
Gray Clay		26	40	14
Black sand		40	50	10
Black Clay		50	54	4
Brown Sand		54	61	7
Gray Clay		61	65	4
Black Sand		65	72	7
Gray sand		72	80	8
Brown Sand		80	106	26
Brown Clay		106	110	4
Fine Brown Sand		110	119	9
Gray Clay		119	122	3
Green Clay		122	140	18
Black Clay		140	160	20
Gray Clay		160	165	5
Gray Sand		165	188	23
Gray Clay		188	196	8
Gray Sand		196	205	9
Brownish Sand		205	220	15
Brown Sand	XX	220	225	5

8. WELL CONSTRUCTION
 Depth Drilled **225** Feet Depth Cased **225** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet
 From **0** Feet To **225** 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	.258	.258	10	225

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

From	To
221	224

Surface Seal: Yes No
 Depth of Seal **100**

Placement Method: Pumped Poured

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From **100** feet to **225** feet

9. WATER LEVEL
 Static water level **33** 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

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 **2212**

Signed *Wm Bann*
 By driller performing actual drilling on-site or contractor

Date **07/09/2002**

Date started **07/08/2002**, 19
 Date completed **07/08/2002**, 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	50		1hr