

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

OFFICE USE ONLY  
 Log No. 89217  
 Permit No. 21828  
 Basin Q57

PRINT OR TYPE ONLY  
 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. **48682**

1. OWNER **Jim Edgemon** ADDRESS AT WELL LOCATION **Antelope Valley, NV**  
 MAILING ADDRESS **907 Montmartre Drive**  
**Modesto, CA 95355**

2. LOCATION **SE** 1/4 **SW** 1/4 Sec. **1** T **24N** N/S R **40E** E **Lander** County  
 PERMIT NO. **21828** 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
Sandy Clay		305	315	10
Clay		315	348	33
Gravel	XX	348	355	7
Clay		355	363	8
Gravel	X	363	370	7
Clay W/Gravel		370	380	10
Sandy Clay		380	398	18
Gravel	XX	398	407	9
Clay		407	410	3
Gravel		410	421	11
Clay		421	427	6
Gravel		427	435	8
Clay		435	439	4
Gravel		439	441	2
awn Clay		441	605	164
ay Clay		605	615	10
Brown Clay		615	620	5

8. WELL CONSTRUCTION  
 Depth Drilled **615** Feet Depth Cased **615** Feet

HOLE DIAMETER (BIT SIZE)  
 From **15.5** Inches To **300** Feet **615** Feet  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12.00	33.4	.025	260	615

Perforations:  
 Type perforation **Mill Cut**  
 Size perforation **3/16 and 1/8**

From <b>260</b>	Double Row <b>3/16</b>	feet to	<b>535</b>	feet
From <b>535</b>		feet to	<b>615</b>	<b>1/8</b> feet
From		feet to		feet
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 **106** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

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  
 Signed *Walter Parsons*  
 By driller performing actual drilling on-site or contractor  
 Date **03/17/2003**

Date started **03/28/2003**, 19  
 Date completed **02/05/2003**, 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

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