

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

OFFICE USE ONLY  
 Log No. 92033  
 Permit No. \_\_\_\_\_  
 Main 10  
 NOTICE OF INTENT NO. 48703

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

1. OWNER Lee Hutchens ADDRESS AT WELL LOCATION 4345 Rancheria Fallon,  
 MAILING ADDRESS 2152 Reno Hwy Nv 89406  
Fallon, NV 89406  
 2. LOCATION SW 1/4 NE 1/4 Sec. 16 T 28 R 19 N/S R 28 E Churchill County  
 PERMIT NO. 008-122-25 Subdivision Name \_\_\_\_\_  
 Issued by Water Resources Parcel No. \_\_\_\_\_

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    | 15  | 15        |
| brown clay |              | 15   | 34  | 19        |
| brown sand |              | 34   | 60  | 26        |
| gray clay  |              | 60   | 71  | 11        |
| gray sand  |              | 71   | 95  | 24        |
| brown sand |              | 95   | 100 | 5         |
| brown sand |              | 100  | 128 | 28        |
| brown clay |              | 128  | 130 | 2         |
| gray sand  |              | 130  | 136 | 6         |
| gray clay  |              | 136  | 155 | 19        |
| gray sand  |              | 155  | 163 | 8         |
| gray clay  |              | 163  | 175 | 12        |
| gray sand  |              | 175  | 190 | 15        |
| brown clay |              | 190  | 195 | 5         |
| brown sand | xx           | 195  | 200 | 5         |

8. WELL CONSTRUCTION  
 Depth Drilled 200 Feet Depth Cased 200 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 0 Feet  
 From 0 Feet To 200 Feet  
 From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|--------------------|-------------------------|-------------|-----------|
| 6                  | 12.92              | .188                    | 0           | 20        |
| 6pvc               | 3.92               | .258                    | 20          | 200       |

Perforations:  
 Type perforation saw cut  
 Size perforation 1/8  
 From 196 feet to 200 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

9. WATER LEVEL  
 Static water level 35 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 2212  
 Signed Norman Parsons  
 By driller performing actual drilling on-site or contractor  
 Date 8/25/2003

Date started 8/18/2003, 19\_\_\_\_  
 Date completed 8/19/2003, 19\_\_\_\_

7. WELL TEST DATA

| TEST METHOD:                                                                                               | TEST METHOD:                  |              |
|------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|
|                                                                                                            | G.P.M.                        | Time (Hours) |
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | Draw Down (Feet Below Static) |              |
|                                                                                                            | <u>30</u>                     | <u>1hr</u>   |