

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 92093
 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. **54522**

1. OWNER **Bob Hammon**
 MAILING ADDRESS **5075 Alcorn Rd. Fallon, NV 89406**
 ADDRESS AT WELL LOCATION **1867 Scheckler Cut-Off**

2. LOCATION **SW 1/4 SW 1/4 Sec. 32 T 19** N/S R **28 E** **Churchill** County
 PERMIT NO. **008-671-33** Parcel No. 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
Top Soil		0	2	2
brown sand		2	14	12
brown clay		14	20	6
brown sand		20	29	9
brown caly		29	32	3
brown sand		32	36	4
brown clay		36	45	9
gray clay		45	55	10
gray sand		55	59	4
gray clay		59	68	9
brown clay		68	71	3
brown sand	<input checked="" type="checkbox"/>	71	77	6

8. WELL CONSTRUCTION
 Depth Drilled **77** Feet Depth Cased **77** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **77** 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)
6	12.92	.188	0	20
6 PVC	3.92	.258	20	77

Perforations:
 Type perforation **mill cut**
 Size perforation **1/8**

From **73** feet to **77** 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 **77** feet

9. WATER LEVEL
 Static water level **12** 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 **10/21/2003**

Date started **9/25/2003** 19____
 Date completed **9/25/2003** 19____

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
25		1hr	