

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



OFFICE USE ONLY

Log No. 95024
 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. 54730
Fallon NV

1. OWNER Barbara Pargament ADDRESS AT WELL LOCATION 12780 Carson Hwy
 MAILING ADDRESS 4985 Hwy 95 #4
For her AZ 85344-9623
 2. LOCATION SW 1/4 NW 1/4 Sec 19 T. 19N N/S R. 27 E Churchill Co. County
 PERMIT NO. SW 1/4 007-211-021
 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand & Brown clay</u>		<u>0</u>	<u>50</u>	
<u>gray clay</u>		<u>50</u>	<u>80</u>	
<u>Small Brown gravel</u>		<u>80</u>	<u>95</u>	
<u>Brown clay & gravel</u>		<u>95</u>	<u>170</u>	
<u>gravel -> sand</u>	<u>A</u>	<u>130</u>	<u>140</u>	

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 190 Feet
105/16 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13</u>	<u>184</u>	<u>+1</u>	<u>20</u>
<u>6 3/8</u>		<u>50R21</u>	<u>20</u>	<u>140</u>

Perforations:
 Type perforation 3 and 1/4"
 Size perforation 5/16"
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 135 feet to 140 feet
 From _____ feet to _____ 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 140 feet

9. WATER LEVEL
 Static water level 40 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 61.0 °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Leach Drilling Contractor
 Address Box 599 Silver Springs NV Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1878
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-12-04

Date started 12-9-04, 20_____
 Date completed 12-12-04, 20_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>707</u>		<u>1 hr</u>

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