

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 85288
 Permit No. _____
 Basin 101
 NOTICE OF INTENT 45735

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

1. OWNER Frank Woolsey
 MAILING ADDRESS 2161 W Williams PMB 280
Fallon, NV 89406

ADDRESS AT WELL LOCATION 4395 Raven Dr, Fallon,
NV

2. LOCATION NW 1/4 NE 1/4 Sec. 28 T 19N N/S R 28 E Churchill County
 PERMIT NO. _____
 Issued by Water Resources _____ 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	Thick-ness
brown sand		0	2	2
brown clay		2	18	16
brown sand		18	25	7
brown clay		25	28	3
brown sand		28	34	6
gray clay		34	36	2
gray sand		36	55	19
gray clay		55	56	1
brown clay		56	57	1
brown sand	xx	57	60	3

8. WELL CONSTRUCTION
 Depth Drilled 60 Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet
 _____ Feet _____ Feet
 _____ Feet _____ 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	3.92	.258	10	60

Perforations:
 Type perforation saw cut
 Size perforation 1/8

From	<u>57</u> feet to	<u>60</u> feet
From	_____ feet to	_____ feet
From	_____ feet to	_____ feet
From	_____ feet to	_____ feet
From	_____ feet to	_____ feet

Surface Seal: Yes No
 Depth of Seal 55
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From 55 feet to 60 feet

9. WATER LEVEL
 Static water level 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 04/10/2001, 19____
 Date completed 04/10/2001, 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	<u>40</u>		<u>1hr</u>

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 1264 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 1454-T1

Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 08/09/2001