



Log No. 87670

Permit No. _____

Basin 101

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. **50587**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **Frank DeCarlo** ADDRESS AT WELL LOCATION **4727 Edwards Lane,**
 MAILING ADDRESS **P.O. Box 5189** **Fallon, NV 89407**

2. LOCATION **SW** 1/4 **E** 1/4 Sec. **9** T **19N** N/S R **28E** E **Churchill** County
 PERMIT NO. **008-052-71** 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
Top Soil		0	2	2
Black Sand		2	5	3
Brown Clay		5	8	3
Brown Sand		8	23	15
Brown Clay		23	38	15
Brown Sand		38	50	12
Brown Clay		50	51	1
Gray Sand		51	60	9
Brownish Sand		60	62	2
Brown Sand		62	69	7
Gray Sand		69	76	7
Black Clay		76	84	8
Black Sand		84	95	11
Gray Sand		95	115	20
Brown Sand	XX	115	128	13

8. WELL CONSTRUCTION
 Depth Drilled **128** Feet Depth Cased **128** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **128** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.155	0	10
6 PVC	3.92	.258	10	128

Perforations:
 Type perforation **Saw Cut**
 Size perforation **1/8**
 From **125** feet to **128** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal **100** _____ Neat Cement
 Placement Method: Pumped Poured Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **128** feet

9. WATER LEVEL
 Static water level **26'** 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 _____ By driller performing actual drilling on-site or contractor
 Date **09/25/2002**

Date started **09/23/2002**, 19
 Date completed **09/24/2002**, 19

7. WELL TEST DATA

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