

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

OFFICE USE ONLY  
 Log No. 8237  
 Permit No. 1101  
 Basin 1101  
 NOTICE OF INTENT NO. **50596**

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 Frank Woolsey ADDRESS AT WELL LOCATION 4295 Pelican Road,  
 MAILING ADDRESS 2161 W Williams PBM 280 Fallon, NV 89406  
 Fallon, NV 89406

2. LOCATION SE 1/4 SE 1/4 Sec. 21 T 19N N/S R 28E E Churchill County  
 PERMIT NO. still pending 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	10	10
Brown Clay		10	19	9
Brown Sand		19	22	3
Brown Clay		22	25	3
Brown Sand		25	30	5
Gray Clay		30	34	4
Brown Sand		34	37	3
gray Clay		37	42	5
Gray Sand		42	55	13
Gray Clay		55	57	2
Gray Sand		57	58	1
Gray Clay		58	59	1
Brown Sand	XX	59	64	5

8. WELL CONSTRUCTION  
 Depth Drilled 64 Feet Depth Cased 64 Feet

HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 64 Feet  
 From 0 Feet To 64 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	64

Perforations:  
 Type perforation Saw Cut  
 Size perforation 1/8

From 61 feet to 64 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
 Depth of Seal 60  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout

Gravel Packed:  Yes  No  
 From 60 feet to 64 feet

Date started 06/10/2002, 19  
 Date completed 06/10/2002, 19

9. WATER LEVEL  
 Static water level 13 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality unknown

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>20</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 1265 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 2212

Signed W. Lynn Berry  
 By driller performing actual drilling on-site or contractor  
 Date 06/12/2002

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 WATER RESOURCES OFFICE