

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 90721

Permit No. 107

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. 48280

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

ADDRESS AT WELL LOCATION 1346 Robin Dr. Fallon, Nv.

2. LOCATION NE 1/4 SW 1/4 Sec. 21 T 19 N/S R 28 E Churchill County
 PERMIT NO. 008-282-66 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	brown	
brown clay		10	19	9
brown sand		19	25	6
brown clay		25	31	6
brown sand		31	35	4
gray sand		35	39	4
brown sand		39	42	3
gray clay		42	45	3
gray sand		45	54	9
gray clay		54	60	6
brownish sand		60	68	8
brown sand	xx	68	74	6

8. WELL CONSTRUCTION
 Depth Drilled 74 Feet Depth Cased 74 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 74 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	20
6pvc	3.92	.258	20	74

Perforations:
 Type perforation saw cut
 Size perforation 1/8
 From 71 feet to 74 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 70
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 70 feet to 74 feet

9. WATER LEVEL
 Static water level 19 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

Date started 9/10/2003, 19____
 Date completed 9/10/2003, 19____

7. WELL TEST DATA

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

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 9/30/2003

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 09 OCT - 2 AM 11:07
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