

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA

OFFICE USE ONLY

DIVISION OF WATER RESOURCES

Log No. 93877

WELL DRILLER'S REPORT

Permit No. \_\_\_\_\_

Basin 107

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 54572

1. OWNER **Frank Woolsey**  
 MAILING ADDRESS 2171 W Williams Avenue PMB 280  
Fallon, NV 89406  
 ADDRESS AT WELL LOCATION **Frank Woolsey**  
4125 Falcon Drive  
Fallon, NV 89406

2. LOCATION nw 1/4 sw 1/4 Sec 28 T 19 N R 28 E **Churchill** County  
 PERMIT NO. 008-282-61

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	Thickness
Sand		0	12	12
Gray Clay		12	28	16
Brown Gravel		28	32	4
Brown Clay		32	38	6
Brown Gravel		38	40	2
Gray Clay		40	42	2
Black Clay		42	51	9
Black Sand		51	55	4
Black Gray Sand		55	63	8
black gravel		63	74	9
Brown Gravel	XX	74	78	4

8. WELL CONSTRUCTION  
 Depth Drilled 78 Feet Depth Cased 78 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
10 Inches \_\_\_\_\_ 0 Feet \_\_\_\_\_ 78 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	.188	0	20
6 pVC	3.82	.258	20	78

Perforations:  
 Type perforation Saw Cut  
 Size perforation 1/8  
 From \_\_\_\_\_ 75 feet to \_\_\_\_\_ 78 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 \_\_\_\_\_ 78 feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ 6 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ cool °F Quality unknown

Date started 06/02 20 04  
 Date completed 06/02 20 04

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<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 89407-1265**  
 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 1454  
 Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date 06/17/04

RECEIVED  
 04 JUN 16 AM 10:28  
 STATE ENGINEERS OFFICE