

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
 Log No. 89364  
 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

PRINT OR TYPE ONLY  
 NOT WRITE ON BACK

NOTICE OF INTENT NO. 48277

1. OWNER Frank Woolsey ADDRESS AT WELL LOCATION 4139 Pelican Road,  
 MAILING ADDRESS 2161 W Williams Ave PMB 280 Fallon, NV 89406  
Fallon, NV 89406

2. LOCATION NW 1/4 SE 1/4 Sec. 21 T 19N N/S R 28E E churchill County  
 PERMIT NO. 008-282-32  
 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	18	8
Brown Sand		18	26	8
Brown Clay		26	31	5
Brown Sand		31	38	7
Gray Clay		38	40	2
Gray Sand		40	47	7
Gray Clay		47	50	3
Gray Sand		50	54	4
Gray Clay		54	56	2
Brown Sand	XX	56	59	3

8. WELL CONSTRUCTION  
 Depth Drilled 59 Feet Depth Cased 59 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 59 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	+1	20
6 PVC	3.92	.258	20	59

Perforations:  
 Type perforation Saw Cut  
 Size perforation 1/8  
 From 56 feet to 59 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 59 feet

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

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 [Signature]  
 By driller performing actual drilling on-site or contractor  
 Date 11/04/2002

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift G.P.M. <u>30</u>		<u>1hr</u>

RECEIVED  
 OCT 21 AM 11:41  
 STATE ENGINEERS OFFICE

Date started 10/31/2002, 19\_\_\_\_  
 Date completed 10/31/2002, 19\_\_\_\_