WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

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

OFFICE USE ONLY
Log No. 100479
Permit No.
Basin ~~104~~ 105

NOTICE OF INTENT NO. 55331

1. OWNER Resource Development
MAILING ADDRESS 2305 Glindale Ave. Suite 10
Sparks, NV 89431

ADDRESS AT WELL LOCATION 2903 Acorn Cayon Drive
Genoa

2. LOCATION NE 1/4 NW 1/4 Sec. 26 T 14N N/S R 19E E Douglas County
PERMIT NO. _____ Issued by Water Resources | 1419-26-001-012 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	Thickness
On this date we abandoned a 8" x 50' de-watering well by pumping 1.5 cubic yards of neat cement mixed 5.2 gallons of water per sack, we pumped using tremie pipe from the bottom to the top of the well.				

Date started 2/9/2006 , 19__
Date completed 2/9/2006 , 19__

7. **WELL TEST DATA**
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. **WELL CONSTRUCTION**
Depth Drilled 50 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	50

Perforations:
Type perforation Machine cut
Size perforation 3/32 x 3
From 0 feet to 50 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed: ☐ Yes ☒ No
From _____ feet to _____ feet

9. **WATER LEVEL**
Static water level 4 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

10. **DRILLER'S CERTIFICATION**
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Bruce MacKay Pump & Well Service, Inc. (Contractor)
Address 1600 Mt. Rose Hwy (Contractor)
Reno, NV 89511
Nevada contractor's license number issued by the State Contractor's Board 23096
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2271
Signed R. Bruce MacKay
By driller performing actual drilling on-site or contractor
Date 2/9/2006

USE ADDITIONAL SHEETS IF NECESSARY