

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

OFFICE USE ONLY
 Log No. 101606
 Permit No. _____
 Basin Ø87

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

NOTICE OF INTENT NO. **57818**

1. OWNER **Jimmie Jackson** ADDRESS AT WELL LOCATION **12500 Spruce Lane**
 MAILING ADDRESS **12500 Spruce Lane**
Reno, NV 89511

2. LOCATION **SW 1/4 SE 1/4 Sec. 17 T 18N N/S R 20E E Washoe** County
 PERMIT NO. **044-320-09** Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

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
On this date we abandoned a 6" x 55' well by perforating with Mills Knife from 55' to top of well. The top of well is 8' below surface. We then pumped neat cement mixed 5.2 gallons of water per sack. We pumped 52 sacks using tremie pipe from the bottom to the top of the well.				
Washoe County permit # WL 060163 NAD 83 N 39.41954 W 119.75998				
OLD LOG 8553				
39.419647° N 119.758977° W				
NAD27 Con US				

8. WELL CONSTRUCTION

Depth Drilled **55** Feet Depth Cased **55** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	-8	55

Perforations:
 Type perforation **Mills Knife**
 Size perforation **Puncture**

From	To	Feet
_____	8	55
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started **9/14/2006**, 19____
 Date completed **9/14/2006**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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9. WATER LEVEL

Static water level **24** 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 **9/15/2006**