

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

OFFICE USE ONLY  
 Log No. 101663  
 Permit No. \_\_\_\_\_  
 Basin 085

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. **57794**

1. OWNER **Susan Rasmussen**  
 MAILING ADDRESS **545 Capistrano Dr. Reno, NV 89510**  
 ADDRESS AT WELL LOCATION **545 Capistrano Spanish Springs**

2. LOCATION **SE NE 1/4 SW NW 1/4 Sec. 19 T 21N** N/S R **21E** E **Washoe** County  
 PERMIT NO. **076-372-13**  
 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
Gray granite		525	569	44
Fracture	x	569	570	1
Gray granite		570	635	65
Fracture	x	635	636	1
Gray granite		636	700	64

Washoe County Permit # 060139  
 NAD 83  
 N 39.67967  
 W 119.67240

8. WELL CONSTRUCTION  
 Depth Drilled **700** Feet Depth Cased **700** Feet  
 HOLE DIAMETER (BIT SIZE)  

	From	To
<b>6 1/8</b> Inches	<b>525</b> Feet	<b>700</b> Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5</b>	<b>10.79</b>	<b>.188</b>	<b>500</b>	<b>700</b>

Perforations:  
 Type perforation **Machine cut**  
 Size perforation **3/32 x 3**  

From _____	<b>555</b> feet to	<b>575</b> feet
From _____	<b>635</b> feet to	<b>655</b> feet
From _____	<b>675</b> feet to	<b>695</b> 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 **570** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cool** °F Quality **Not tested**

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 **923**  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on-site or contractor  
 Date **8/10/2006**

7. WELL TEST DATA

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