

Log No. 101951
 Permit No. _____
 Basin 102

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 57817

1. OWNER Clyde Lippincott ADDRESS AT WELL LOCATION 870 E. Overland
 MAILING ADDRESS 870 E. Overland Log # 101950
Carson City, NV 89701

2. LOCATION SW 1/4 NE 1/4 1/4 Sec. 32 T 15N N/S R 20E E Carson County
 PERMIT NO. 58737 Issued by Water Resources 009-182-09 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
On this date we abandoned a 6" x 76' deep well. We perforated from 56' to surface. No sanitary seal was encountered. We then pumped approximately 1 Cu Yard of neat cement mixed 5.2 gal/sack of water from bottom to top of the well. We cut the top two feet off of the casing.				
Carson City Permit #06001227				
NAD83				
N. 38.00772				
W. 119.84518				
WJM E 0261582				
N 4334276				
NAD27				
39.126942 N				
119.758002 W NAD27				

8. WELL CONSTRUCTION

Depth Drilled 76 Feet Depth Cased 76 Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>76</u>

Perforations:
 Type perforation Mills Knife
 Size perforation Puncture

From	feet to	feet
_____	<u>56</u>	<u>0</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type:
 Depth of Seal 76 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 10/26/2006 19____
 Date completed 10/26/2006 19____

7. WELL TEST DATA

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

9. WATER LEVEL

Static water level 51 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °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 2271

Signed R. Bruce Mackay
 By driller performing actual drilling on-site or contractor

Date 10/27/2006