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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. 7224

1. OWNER Linda Terry, David & Dick Hoy ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 400 Canyon way / 500 Canyon way SPARKS 89421 SPARKS
2. LOCATION N. 2 1/4 S. 3 1/4 Sec. 16 T. 19 N/S. R. 21 E. 3. State County _____
PERMIT NO. WARS-M-P-268-a Parcel No. _____ Subdivision Name Rainbow Bend

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
4. PROPOSED USE
 Domestic 764 Irrigation Test Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top SOIL		0	10	
ROCK & GRAVEL		10	33	
Fracture ROCK		33	40	
ROCK		40	58	
10 BAGS SAND				
1 Bag pug				

8. WELL CONSTRUCTION
Depth Drilled 50 Feet Depth Cased 50 Feet
HOLE DIAMETER (BIT SIZE)
From 8 1/2 Inches To 5-0 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 3/8</u>	<u>16.94</u>	<u>1.76</u>	<u>0</u>	<u>20</u>
			<u>40</u>	<u>50</u>

Perforations:
Type perforation PLASTIC pipe
Size perforation 4 1/2
From 20 feet to 40 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
Depth of Seal 18 ft Neat Cement Cement Grout Concrete Grout
Placement Method: Pumped Poured
Gravel Packed: Yes No Coarsed Sand
From 18 feet to 50 feet

9. WATER LEVEL
Static water level 15 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 McRay Drilling Contractor
Address 2290 Pioneer Dr Reno 89509 Contractor
Nevada contractor's license number 01417 issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 786
Signed Ironia McRay
By driller performing actual drilling on site or contractor
Date August 22 1991

WELL TEST DATA

Date started Aug 15 - 1991
Date completed Aug 16 - 1991

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			