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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. 29015

1. OWNER Washoe County Utility ADDRESS AT WELL LOCATION Fish Springs- Sand Pass Test Well  
 MAILING ADDRESS P.O. Box 11130 Reno, NV 89520 Previous Intent 13670  
 2. LOCATION SW 1/4 SW 1/4 Sec. 11 T 27N N/S R. 19 E Washoe County  
 PERMIT NO. W-319 & 315 074-242-06 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
On this date we installed and welded a 2" x 21' black iron pipe with 1/4" x 8" plate on the bottom and riser clamp at the top for centering and support, into the 8 5/8" well. We then poured 5 gallons of pea gravel into the well top, then filled the remaining space at the top with approximately 8 sacks of Redi-Mix concrete to the top of the 2" pipe. We then installed a "Royer" locking well cap with padlock.				
Static water level not measured, but was greater than 21'.				
FORMERLY USED FOR WATER TESTING				

8. WELL CONSTRUCTION  
 Depth Drilled.....Feet Depth Cased.....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)

Perforations:  
 Type perforation.....  
 Size perforation.....  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 From.....feet to.....feet  
 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From.....feet to.....feet

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

Date started..... 10-19, 19 95  
 Date completed..... 10-19, 19 95

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name MacKay Pump & Geothermal, 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 1719  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on site or contractor  
 Date 10-20-'95