WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

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

OFFICE USE ONLY
Log No. 67626
Permit No.
Basin

NOTICE OF INTENT NO. 34816

1. OWNER Richard & Lila Hayes
MAILING ADDRESS 425 Quartz Lane
Sun Valley, NV 89434

ADDRESS AT WELL LOCATION 425 Quartz Lane

2. LOCATION NE 1/4 NE 1/4 Sec. 13 T 20N N/S R 19E E Washoe County
PERMIT NO. WaCo #5887 (Issued by Water Resources) | 088-220-05 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Abandon [ ] Other _____

4. PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [ ] Rotary [ ] RVC
[X] Air [ ] Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil & bldrs		0	25	25
Larger bldrs		25	40	15
White & green quartz	xx	40	60	20

Date started 6/12/97, 19__
Date completed 6/12/97, 19__

7. WELL TEST DATA

TEST METHOD: [ ] Bailer [ ] Pump [X] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25		1 hr.

8. WELL CONSTRUCTION
Depth Drilled 60 Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 3/4	Inches	0	Feet	50	Feet
8 3/4	Inches	50	Feet	60	Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+1	60

Perforations:
Type perforation Factory
Size perforation 3/32" x 3" single row
From 50 feet to 60 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 50
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 15 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 1719

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

Date 6-14-97