

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

OFFICE USE ONLY  
 Log No. 69330  
 Permit No. \_\_\_\_\_  
 Basin 89   
 NOTICE OF INTENT NO. 38015

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

1. OWNER Mrs. Bandera ADDRESS AT WELL LOCATION 4800 Franktown Rd. Carson City, NV  
 MAILING ADDRESS 4800 Franktown Rd. Carson City, NV 89704

2. LOCATION SW 1/4 SW 1/4 Sec. 9 T 16N N/S R 19E E Washoe County  
 PERMIT NO. WzCo#6020 55-093-04  
 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
We entered the well and tagged material at 50'. We had the pump set at 59' previously, so we think it was uncased from 50' to 60'. During casing installation, we had fill at 17' where we think the casing had collapsed. We cased entire well from bottom to top. After completion the annulus around the 6" casing had opened up. We filled this void with concrete to give the well a sanitary seal that evidently it didn't have before.				
White medium sand	x	50	125	75

8. WELL CONSTRUCTION  
 Depth Drilled 125 Feet Depth Cased 125 Feet  
 HOLE DIAMETER (BIT SIZE)  

From	To
<u>6 1/8</u> Inches <u>50</u> Feet <u>125</u> Feet	
_____ Inches _____ Feet _____ Feet	
_____ Inches _____ Feet _____ Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5"	10.79	.188	0	125

Perforations:  
 Type perforation Factory  
 Size perforation 3/32" x 3" single row  

From	feet to	feet
<u>105</u>	<u>125</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 17  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 20 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. 23098  
 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 11-10-97

Date started 11/5/97, 19\_\_\_\_  
 Date completed 11/6/97, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>11</u>	<u>40</u>	<u>2 hr.</u>

RECEIVED  
 DEC-8 11:22  
 STATE ENGINEERS OFFICE