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. 69854
Permit No.
Basin 87

NOTICE OF INTENT NO. 38013

1. OWNER Jarl Nielson
MAILING ADDRESS 8451 Lakeside
Reno, NV 89511

ADDRESS AT WELL LOCATION 8451 Lakeside

2. LOCATION SE 1/4 SE 1/4 Sec. 2 T 18N N/S R 19E E Washoe County
PERMIT NO. WaCo# 5979 (Issued by Water Resources) 041-092-21 (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	Thickness
On this date we abandoned the 6				
5/8" well by filling with 30 sacks				
of neat cement. We filled from the				
bottom up using pressure grout pump				
and tremie tube to bottom of 135'				
well.				
WAIVER R-316				

Date started 12/17/97, 19__
Date completed 12/17/97, 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☒ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
12	130	1hr

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)
6 5/8		.250	0	135

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
Depth of Seal 135
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 0 feet below land surface
Artesian flow 2 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 12-17-97