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. 73363
Permit No.
Basin 83

NOTICE OF INTENT NO. 38042

1. OWNER Washoe Co.
MAILING ADDRESS P.O. Box 11130
Reno, NV 89520

ADDRESS AT WELL LOCATION 15 Lockwood Dr.

2. LOCATION SE 1/4 SW 1/4 Sec. 17 T 19N N/S R 21E E Washoe County
PERMIT NO. WaCo #6169 (Issued by Water Resources) 084-080-35 (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 cleaned the 6" well from dirt that had filled in over the pump. We then tried to fish the pump and pipe out. We were unable to retrieve the pump and 13' of 1" poly pipe. We then perforated the well from 27' to top with about 4 perfs per foot. Then we pumped approx 10 cu. ft of neat cement from bottom to top. We cut the top 3' off the well and backfilled the area.				

Date started 9/17/98, 19__
Date completed 9/18/98, 19__

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

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

8. **WELL CONSTRUCTION**
Depth Drilled ____ Feet Depth Cased 42 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	42

Perforations:
Type perforation Mills Knife
Size perforation
From 27 feet to 0 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal
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 8 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 9-21-98