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. 74633
Permit No.
Basin 101

NOTICE OF INTENT NO. 390780

1. OWNER U.S. Bureau of Reclamation S.P.P.C.
MAILING ADDRESS 705 N. Plaza
Carson City, NV 89701

ADDRESS AT WELL LOCATION
1990 S. Taylor. Fallon. Sierra Pacific Power Substation

2. LOCATION NE 1/4 ____ 1/4 Sec. 1 T 18N N/S R 28E E Churchill County
PERMIT NO. ____ (Issued by Water Resources) | 008-891-09 (Parcel No.) | MW-3 (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 well				
by pulling approximately 5' of				
casing from the well while filling				
with neat cement mixed at 5.2				
gallons per sack. We used				
approximately 1 cu. ft. and filled				
from the bottom up using pressure				
grout. The casing broke at the				
first screen joint.				

Date started 9/30/98 , 19__
Date completed 9/30/98 , 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 22 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
6 Inches	0 Feet	22 Feet
____ Inches	____ Feet	____ Feet
____ Inches	____ Feet	____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2" pvc		Sch 40	0	20

Perforations:
Type perforation Screen
Size perforation .020
From 5 feet to 20 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 6 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality ____

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 10-1-98