PINK - WELL DRILLER'S COPY

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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

Log No. 35272
Permit No.
Basin 102

NOTICE OF INTENT NO. 47605

1. OWNER Pat & Virginia McCuin
MAILING ADDRESS 7430 Citrus St.
Silver Springs, NV 89429

ADDRESS AT WELL LOCATION 7430 Citrus St.

2. LOCATION NW 1/4 ____ 1/4 Sec. 13 T 17N N/S R 24E E Lyon County
PERMIT NO. ____ Issued by Water Resources | 17-234-14 Parcel No. | Subdivision Name

3. WORK PERFORMED
[X] New Well [X] Replace [ ] Recondition
[ ] Deepen [X] 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
We drilled to 300'. We then returned the next day to find that the hole had collapsed and trapped our air hammer. We could not extract the hammer. We pulled all drill pipe from well and left the drill hammer. We never hit any water. We backfilled the hole to 30' and filled with 7 sack sand grout from 30' to 2' from surface.				
Loose Sand & gravel		0	14	14
Sand & gravel & cobbles		14	42	28
Sand & gravel		42	105	63
Cemented brown gravels		105	170	65
Brown clay w/gravels		170	205	35
Black basalt		205	300	95

Date started 7/23/2001, 19__
Date completed 7/27/2001, 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 300 Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 5/8	Inches	0	Feet	300	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

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

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

9. WATER LEVEL
Static water level ____ 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 8/24/01

USE ADDITIONAL SHEETS IF NECESSARY

01 AUG 28