

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

OFFICE USE ONLY  
 Log No. 25289  
 Permit No. \_\_\_\_\_  
 Basin 83  
 NOTICE OF INTENT NO. **47842**

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 **Dan Lucas**  
 MAILING ADDRESS **Rte 2, Box 144K**  
**Bishop, CA 93514**  
 2. LOCATION **SW 1/4 NE 1/4 Sec. 32 T 18N**  
 PERMIT NO. \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_  
 Parcel No. **003-062-13**

ADDRESS AT WELL LOCATION **2270 Enterprise VCH**  
 N/S R **21E E** County **Storey**  
 Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well     Replace     Recondition  
 Deepen     Abandon     Other

4. PROPOSED USE  
 Domestic     Irrigation  
 Municipal/Industrial     Monitor

5. WELL TYPE  
 Cable     Rotary     RVC  
 Air     Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Purple volcanic rock		180	260	80
Red Cinder		260	315	55
Gray Basalt		315	324	9
Fractured Gray Basalt	x	324	336	12
Gray Basalt		336	360	24
Fractured Gray Basalt	x	360	364	4
Gray Basalt		364	380	16

8. WELL CONSTRUCTION  
 Depth Drilled **380** Feet    Depth Cased **380** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **6 1/8** Inches    To **380** Feet  
 \_\_\_\_\_ Inches    \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches    \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	170	380

Perforations:  
 Type perforation **Factory**  
 Size perforation **3/32 x 3"**  
 From **320** feet to **340** feet  
 From **360** feet to **380** 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 **165** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cool**    "F Quality **clear**

Date started **10/17/2001**, 19\_\_\_\_  
 Date completed **10/18/2001**, 19\_\_\_\_

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Bailer Draw Down (Feet Below Static)	Pump	Time (Hours)
Air	50+			2 hrs

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 **10/19/01**