

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

OFFICE USE ONLY
 Log No. 86248
 Permit No. _____
 Basin Ø88

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

NOTICE OF INTENT NO. **47856**

OWNER **Bruce Burns**
 MAILING ADDRESS **5545 Wintergreen**
Reno, NV 89511
 2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **2** T **17N**
 PERMIT NO. _____
 Issued by Water Resources **045 535 02**
 Parcel No.

ADDRESS AT WELL LOCATION **5545 Wintergreen**
 N/S R **19E** E **Washoe** County
 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cobbles & sand		0	28	28
Sand & Gravel		28	64	36
Cobbles & Boulders		64	80	16
Sand & Gravel		80	120	40
Cobbles & Boulders		120	130	10
Sand & Gravel	X	130	240	110
Sandy Clay		240	246	6
Volcanic Gravel	X	246	302	56

Washoe CO. permit # WL010219

8. WELL CONSTRUCTION
 Depth Drilled **302** Feet Depth Cased **302** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet
 From **0** Feet To **302** Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2'	302'

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 X 3**
 From **162** feet to **182** feet
 From **222** feet to **242** feet
 From **282** feet to **302** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **55'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **55'** feet to **302'** feet

9. WATER LEVEL
 Static water level **42** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **Cool** °F Quality **Good**

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 **04/22/2002**

Date started **04/09/2002**, 19
 Date completed **04/16/2002**, 19

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
60		2	