

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

OFFICE USE ONLY
 Log No. 88861
 Permit No. _____
 Basin 088

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. **47892**

1. OWNER **Bob & Rita Sloan**
 MAILING ADDRESS **5340 Wildwood Dr.**
Reno, NV 89511

ADDRESS AT WELL LOCATION **5340 Wildwood Dr.**

2. LOCATION **NW 1/4 NE 1/4 Sec. 2 T 17N**
 PERMIT NO. **045-551-04**

N/S R **19E** E **Washoe** County
 Issued by Water Resources 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 **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Boulders, DG, Sand, lost circulation	x	93	100	7
Boulders-Gravel	x	100	120	20
Gravels & sand	x	120	140	20
DG & fine sand	x	140	200	60
Grey fine sand w/rock	x	200	300	100
DG- coarse sand	x	300	317	17

Washoe Permit #020265

8. WELL CONSTRUCTION

Depth Drilled **320** Feet Depth Cased **317** Feet

HOLE DIAMETER (BIT SIZE)

From	To
6 1/8 Inches	93 Feet 320 Feet
Inches	Feet Feet
Inches	Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	77	317

Perforations:
 Type perforation **Factory**
 Size perforation **3/32" x 3"**
 From **97** feet to **137** feet
 From **297** feet to **317** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **88** 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 _____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
Air	40+		4 hrs
Pump	15	1	24 hrs

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 **1/10/03**

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 03 JAN 13 AM 11:52
 STATE ENGINEERS OFFICE