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WELL DRILLER'S REPORT **I**

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **47889**

1. OWNER **Mary Hoover**
 MAILING ADDRESS **21570 Dortort Rd. Virginia City, NV 89511**
 ADDRESS AT WELL LOCATION **21570 Dortort**

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **32** T **18N** N/S R **21E** E **Storey** County
 PERMIT NO. _____ Issued by Water Resources **3-022-62** Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen
 Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Hard rock brown		195	240	45
Rock brown with fractures		240	260	20
Rock brown Hard		260	280	20
Rock brown with fractures	X	280	300	20
Rock with layers of brown clay		300	340	40
Rock volcanic	X	340	360	20
Rock hard with fractures	X	360	395	35

8. WELL CONSTRUCTION

Depth Drilled **395** Feet Depth Cased **395** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
6.125	200	395		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5.0	10.79	.188	175	395

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 X 3**

From	To	Feet	Feet
	335		355
	375		395

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 **127** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cool** °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
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 **11/27/02**

Date started **11/26/2002**, 19____
 Date completed **11/27/2002**, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift 50+ G.P.M.		2 HR.

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 STATE ENGINEERS OFFICE