

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

OFFICE USE ONLY
 Log No. 90129
 Permit No. _____
 Basin 084

NOTICE OF INTENT NO. 48779

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 **Henry Walker**
 MAILING ADDRESS **2400 Right Hand Canyon**
Reno, NV 89510

2. LOCATION SW 1/4 NE 1/4 Sec. 18 T 22N
 PERMIT NO. 077 310 07
 Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION **2400 Right Hand Canyon**

N/S R 22E 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
On this date, the well was abandoned per instructions by Tom Gallagher. We poured approximately 4.5 cu yards of 9 sack sand grout from the top and filled the well. We cut the casing off 2' from ground level.				
Washoe County Permit # WL 020151				
<i>Plugging of log # 20398</i>				

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>400</u>

Perforations:
 Type perforation _____
 Size perforation _____

From	feet to	feet
_____	<u>360</u>	<u>400</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 358 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 5/8/2003, 19____
 Date completed 5/8/2003, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 5/20/03