

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

OFFICE USE ONLY

Log No. 90349

Permit No. _____

Basin 287

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. **49308**

1. OWNER **Richard Gilberti**
 MAILING ADDRESS **3240 Heights Dr. Reno, NV 895**
 ADDRESS AT WELL LOCATION **6165 LeRoy St. Reno, NV**
~~3240~~ ~~89523~~

2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **18** T **19N** N/S R **19E** E **Washoe** County
 PERMIT NO. **039-141-13**
 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other Municipal/Industrial

4. PROPOSED USE
 Irrigation Test Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
On this date we abandoned a 6 5/8" x 150' domestic water well. We perforated from approximately 130' to 20' from surface. We did additional perforations at about 8' to surface. There was no sanitary seal that we could detect. We pumped approximately 1.75 cu yards of neat cement mixed 5.2 gallons per sack from bottom to top using tremie pipe. We cut off the top 2' of well casing.				
Washoe Co. Permit WL030178.				

8. WELL CONSTRUCTION

Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	150

Perforations:
 Type perforation **Mills Knife**
 Size perforation **puncture**

From	feet to	Surface	feet
_____	130	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Surface Seal: Yes No Seal Type: Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____ Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

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Date started **8/20/2003**, 19
 Date completed **8/22/2003**, 19

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **54'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 **8/22/03**