

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

OFFICE USE ONLY  
 Log No. 90442  
 Permit No. \_\_\_\_\_  
 Basin 087

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. **48794**

1. OWNER **Francis Laux Jr.** ADDRESS AT WELL LOCATION **7355 Shadow**  
 MAILING ADDRESS **7355 Shadow Ln.**  
**Sparks, NV 89434**

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **27** T **20N** N/S R **20E** E **Washoe** County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. **035-310-32** 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	Thickness
On this date we abandoned a 6 5/8" x 49' well by perforating with a Mills knife at 4 around and at one foot intervals. We perforated from 25' to surface. There was no sanitary seal. We then pumped 15 sacks of neat cement mixed 5.2 gallons of water per sack. We pumped, using tremie pipe, from the bottom to the top of the well. We then cut off the top 2' of the well.				
Washoe County Permit # WL030151				

8. WELL CONSTRUCTION  
 Depth Drilled **49** Feet Depth Cased **49** 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)
<b>6 5/8</b>	_____	_____	<b>0</b>	<b>49</b>

Perforations:

Type perforation **Mills Knife**  
 Size perforation **Puncture**

From	feet to	feet
_____	<b>25</b>	<b>0</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal \_\_\_\_\_  Cement Grout  
 Placement Method:  Pumped  Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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 03 AUG 11 PM 12:53  
 STATE ENGINEERS OFFICE

9. WATER LEVEL  
 Static water level **11'** 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  
**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 **7/18/03**

Date started **7/17/2003**, 19\_\_\_\_  
 Date completed **7/17/2003**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
_____	_____	_____	_____
_____	_____	_____	_____