

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

OFFICE USE ONLY  
 Log No. 90760  
 Permit No. \_\_\_\_\_  
 Base Ø89  
 NOTICE OF INTENT NO. 48350

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 **Kenneth Dorr** ADDRESS AT WELL LOCATION **18115 Lake Vista Rd.**  
 MAILING ADDRESS **1920 Radcliff Dr.** **Washoe Valley**  
**Carson, NV 89703**

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **10** T **16N** N/S R **19E** E **Washoe** County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources **055 081 68** Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock  Cable  Rotary  RVC  Other **MUD**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Brown sand		0	20	20
Gray sand coarse	X	20	200	180
Washoe County Well permit # WL020264				

8. WELL CONSTRUCTION

Depth-Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<b>12 1/4</b>	0	200		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>200</b>

Perforations:  
 Type perforation **Machine Cut**  
 Size perforation **3/32 X 3"**

From	To	Feet	Feet
	<b>160</b>		<b>200</b>

Surface Seal:  Yes  No  
 Depth of Seal **100**  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **100** feet to **200** feet

9. WATER LEVEL  
 Static water level **1'** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cool** °F Quality **Not Tested**

Date started **5/12/2003**, 19\_\_\_\_  
 Date completed **5/14/2003**, 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 checked="" type="checkbox"/> Air Lift	<b>50+</b>		<b>4</b>

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**

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 03 JUN - 2 PM 12:54  
 STATE ENGINEERS OFFICE