

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

OFFICE USE ONLY
 Log No. 91047
 Permit No. _____
 Basin 089

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. **48784**

1. OWNER **Rich Shock**
 MAILING ADDRESS **140 W. Guffey Dr. Washoe Valley, NV 89704**
 ADDRESS AT WELL LOCATION **140 W. Guffey Dr.**

2. LOCATION **SW 1/4 SW 1/4 Sec. 30 T 17N N/S R 20E E Washoe** County
 PERMIT NO. **050-293-04** Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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	Thickness
<p>On this date we abandoned a 6" x 67' well by perforating with a mills knife at 4 around and one foot intervals. We perforated from 57' to the surface. There was no sanitary seal. We then pumped approximately 3/4 cu. yards 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.</p>				
<p>Washoe County Well Permit # WL030119</p>				

8. WELL CONSTRUCTION
 Depth Drilled **67'** Feet Depth Cased **67'** Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6				

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

From	To	Feet
67'		0'
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 **22'** 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 **7/9/03**

Date started **7/8/2003**, 19
 Date completed **7/8/2003**, 19

7. WELL TEST DATA

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

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 STATE ENGINEERS OFFICE