

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **49327**

1. OWNER **Deanne Stilwell** ADDRESS AT WELL LOCATION **1649 Quail Ln.**
 MAILING ADDRESS **1649 Quail Ln.**
Carson City, NV 89701

2. LOCATION **SE** 1/4 **NE** 1/4 Sec. **23** T **15N** N/S R **20E** E **Carson** County
 PERMIT NO. **010-094-03** 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 **mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy topsoil		0	20	20
Coarse brown sand		20	100	80
Granite green hard		100	160	60
Granite Gray		160	240	80
Granite black & green fractured	x	240	393	153

8. WELL CONSTRUCTION
 Depth Drilled **393** Feet Depth Cased **393** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 5/8 Inches	0	100	Feet
9 7/8 Inches	100	393	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	393

Perforations:
 Type perforation **Machine cut**
 Size perforation **3/32 x 3**

From	To	From	To
313	333	feet to	feet
353	393	feet to	feet
		feet to	feet
		feet to	feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **393** feet

9. WATER LEVEL
 Static water level **190** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Warm** °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 **11/3/03**

Date started **10/23/2003**, 19____
 Date completed **10/30/2003**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	10		3