

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

OFFICE USE ONLY
 Log No. 93690
 Permit No. _____
 Basin 88
 NOTICE OF INTENT NO. 52176

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 Douglas Malone ADDRESS AT WELL LOCATION 4310 Gander Ln.
 MAILING ADDRESS 4310 Gander Ln.
Washoe Valley, NV 89704

2. LOCATION NE 1/4 NE 1/4 Sec. 5 T 17N N/S R 20E E Washoe County
 PERMIT NO. 050-436-04 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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
Weatherd granite		115	143	28
Soft zone	x	143	144	1
Weatherd granite soft		144	199	55
Soft zone	x	199	203	4
Weatherd granite		203	212	9
Soft zone	x	212	214	2
Weatherd granite		214	229	15
Soft zone	x	229	231	2
Weatherd granite		231	251	20

Washoe County Well Permit # WL040145

8. WELL CONSTRUCTION
 Depth Drilled 251 Feet Depth Cased 251 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
6 1/8	115	251

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	101	251

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

From	To
191 feet	251 feet

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

9. WATER LEVEL
 Static water level 98 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 6/22/2004, 19____
 Date completed 6/22/2004, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
Draw Down (Feet Below Static)		
<u>12</u>	<u>3</u>	

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 923
 Signed R. Bruce MacKay
By driller performing actual drilling on-site or contractor
 Date 6/28/2004

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 STATE ENGINEERS OFFICE