



**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. **51696**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER **Bruce McNeall**  
 MAILING ADDRESS **P.O. Box 18505**  
**Reno, NV 89511**

ADDRESS AT WELL LOCATION **4760 Mt. Rose Hwy.**  
**Renose**

2. LOCATION **SE 1/4 SW 1/4 Sec. 25 T 18N** N/S R **19E E** **Washoe** County

PERMIT NO. **150-022-03** Issued by Water Resources Parcel No. 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	Thick-ness
Weatherd granite		190	215	25
Soft zone	x	215	218	3
Weatherd granite		218	247	29
Soft zone	x	247	249	2
Weatherd granite		249	260	11
Soft zone	x	260	271	11
Weatherd granite		271	290	19
Gray hard granite		290	300	10

Washoe County Well Permit # **WL 040238**

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 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)  
 From **8** Inches To **190** Feet  
 From **300** Feet To **300** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	-4	300
8 5/8	16.94	.188	+2	190

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

From <b>235</b> feet to <b>295</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **179** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cool** °F Quality **Not tested**

Date started **9/27/2004** 19  
 Date completed **9/28/2004** 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>35</b>		<b>3</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 **923**

Signed *R. Bruce MacKay*  
 By driller performing actual drilling on-site or contractor  
 Date **9/29/2004**