

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 5221
 Permit No. _____
 Basin 83
 NOTICE OF INTENT NO. 52175

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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

1. OWNER Neil Siegel ADDRESS AT WELL LOCATION 21390 Sazarac
 MAILING ADDRESS 21390 Sazarac
Reno, NV 89521

2. LOCATION NW 1/4 SW 1/4 Sec. 32 T 18N N/S R 21E E Storey County
 PERMIT NO. _____ Parcel No. 3-052-52 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
Gray volcanic rock		196	253	57
Fractured rock	x	253	255	2
Gray volcanic rock		255	279	24
Fracture	x	279	281	2
Gray volcanic rock		281	310	29
Fracture	x	310	312	2
Gray volcanic rock		312	340	28
Fracture	x	340	341	1
Gray volcanic rock		341	352	11

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8. WELL CONSTRUCTION
 Depth Drilled 352 Feet Depth Cased 352 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
<u>6 1/8</u> Inches	<u>196</u> Feet	<u>352</u> Feet	
_____ Inches	_____ Feet	_____ Feet	
_____ Inches	_____ Feet	_____ Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>166</u>	<u>352</u>

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

From	feet to	feet to
<u>312</u>	<u>352</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 162 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Not tested

Date started 6/14/2004, 19____
 Date completed 6/14/2004, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Baller <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>45</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 6/15/2004