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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. 49261

1. OWNER ROBERT & KOYYA PUGH ADDRESS AT WELL LOCATION SAME  
 MAILING ADDRESS 10575 MIZPAH CR  
RENO NEVADA 89506

2. LOCATION NE 1/4 SW 1/4 Sec. 25 T. 21 N/S R. 18 E WASHOE County  
 PERMIT NO. 86-340-10 Issued by Water Resources Parcel No. SILVER KNOLLS 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
WELL DEPTH <u>80 Feet</u>				
Neat Cement From <u>80' to Surface</u>				
<u>3/8 X 4 Perforation (Mills Knife from 50 feet to 79 feet.)</u>				
Tremie pipe was used.				
Static Level <u>60 feet</u>				
No debris in well.				
Verified that well had a seal with a backhoe (5 1/2 feet below surface)				
Removed 6 feet of casing from surface				
No well report on file with washoe county health dept or water resources				
GPS/NAD27 Conus				
<u>11 S 0249835</u>				
<u>UTM 4393601</u>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

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

Perforations:

Type perforation \_\_\_\_\_

Size perforation \_\_\_\_\_

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Depth of Seal \_\_\_\_\_

Placement Method:  Pumped  Poured

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

9. WATER LEVEL

Static water level 60 feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 01-21- 2005  
 Date completed 01-21- 2005

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

RECEIVED  
 05 JAN 28 AM 11:05  
 STATE ENGINEERS OFFICE

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WILLIAM GEORGE MOSEGAARD WELL DRILL Contractor

Address 7900N Virginia St, #21 Contractor  
RENO NEVADA 89506

Nevada contractor's license number issued by the State Contractor's Board 53579

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2211

Signed William George Mosegaard  
 By driller performing actual drilling on site or contractor

Date 1-27-05