

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

OFFICE USE ONLY  
 Log No. 98379  
 Permit No. \_\_\_\_\_  
 Basin 058

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

NOTICE OF INTENT NO. **53994**

1. OWNER William Griffin ADDRESS AT WELL LOCATION 5580 Wintergreen  
 MAILING ADDRESS 5580 Wintergreen Ln  
Reno, NV 89511

2. LOCATION NW 1/4 NW 1/4 Sec. 02 T 17N N/S R 19E E Washoe County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources 45-536-02 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	Thickness
Rock sand clay		180	240	60
Rock sand clay	x	240	340	100
Sandy clay		340	350	10
Washoe County Well Permit# WL 050063				

8. WELL CONSTRUCTION  
 Depth Drilled 350 Feet Depth Cased 350 Feet

HOLE DIAMETER (BIT SIZE)  
 From 180 To 350  
6 1/8 Inches Feet Feet  
 Inches Feet Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	170	350

Perforations:  
 Type perforation Air down hole perforator  
 Size perforation puncture  
 From 290 feet to 330 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Concrete Grout  
 Poured  Cement Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 118 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cool °F Quality Not tested

Date started 7/19/2005, 19  
 Date completed 7/21/2005, 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	<u>25+</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 1790  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on-site or contractor  
 Date 7/29/2005

RECEIVED  
 03/19/08 PM 2:52  
 WASHOE COUNTY OFFICE