

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
 Log No. 98381  
 Permit No. \_\_\_\_\_  
 Basin 089

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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. **55329**

1. OWNER Joe Scott  
 MAILING ADDRESS 1645 Brenda Way  
Washoe Valley, NV 89704  
 ADDRESS AT WELL LOCATION 1645 Brenda Way Washoe  
Valley  
 2. LOCATION SE 1/4 NW 1/4 Sec. 30 T 17N N/S R 20E E Washoe County  
 PERMIT NO. 050-298-04 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
Coarse sand		0	60	60
Sand brown granite		60	80	20
Brown sands & granite		80	100	20
Hard granite		100	114	14
Granite		114	160	46
Fractured granite	x	160	200	40
Granite		200	220	20
Fractured granite	x	220	240	20

Washoe County Well Permit # WL 050184

8. WELL CONSTRUCTION  
 Depth Drilled 240 Feet Depth Cased 240 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 11 Inches To 0 Feet 114 Feet  
6 1/8 Inches 114 Feet 240 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	114
5	10.79	.188	100	240

Perforations:  
 Type perforation Machine cut  
 Size perforation 3/32 x 3  
 From 94 feet to 114 feet  
 From 160 feet to 200 feet  
 From 220 feet to 240 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal 50  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 114 feet

9. WATER LEVEL  
 Static water level 54 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cool °F Quality Not tested

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

Date started 7/25/2005, 19  
 Date completed 7/27/2005, 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>20</u>		<u>3</u>

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 7/28/2005

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