

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

OFFICE USE ONLY  
 Log No. 98412  
 Permit No. \_\_\_\_\_  
 Basin Ø 83

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. **56403**

1. OWNER Anita Lilly ADDRESS AT WELL LOCATION 1830 Castle Peak VCH  
 MAILING ADDRESS 13155 South Hills Dr.  
Reno, NV 89511

2. LOCATION SE 1/4 SW 1/4 Sec. 29 T 18N N/S R 21E E Storey County  
 PERMIT NO. 3-461-16 Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  
 Abandon  Other \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Test  Monitor  Stock  
 Municipal/Industrial

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Purple volcanic rock		442	481	39
Gray volcanic rock		481	790	309
Purple volcanic rock		790	830	40
Reddish brown volcanic rock		830	910	80
Gray volcanic rock	x	910	1010	100
Reddish brown volcanic rock		1010	1016	6
Gray volcanic rock	x	1016	1052	36

8. WELL CONSTRUCTION  
 Depth Drilled 1052 Feet Depth Cased 1052 Feet

HOLE DIAMETER (BIT SIZE)  
6 1/8 Inches From 442 Feet To 1052 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>432</u>	<u>1052</u>

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

From	feet to	feet
<u>992</u>	<u>1052</u>	<u>feet</u>
<u>250</u>	<u>75</u>	<u>feet</u>
_____	_____	_____
_____	_____	_____

Surface Seal:  Yes  No  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

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

9. WATER LEVEL  
 Static water level 207 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  
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 11/7/2005

Date started 10/24/2005, 19  
 Date completed 11/3/2005, 19

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>10</u>		<u>3</u>