



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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY  
 Log No. 99119  
 Permit No. \_\_\_\_\_  
 Basin 788

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **56598**

1. OWNER **Chuck Price**  
 MAILING ADDRESS **5595 Goldenrod Reno, NV 89511**  
 ADDRESS AT WELL LOCATION **5595 Goldenrod**

2. LOCATION **NW 1/4 NW 1/4 Sec. 2 T 17N** N/S R **19E E** **Washoe** County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources **045-541-19** Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

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

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

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other **Mud**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand & gravel		210	270	60
Sand gravel brown clay		270	360	90
Sand clay		360	380	20
Sand gravel brown clay	x	380	460	80
Sand gravel	x	460	485	25
Sandy clay		485	490	5

Washoe County Well Permit # WL 050312

8. WELL CONSTRUCTION  
 Depth Drilled **490** Feet Depth Cased **490** Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
<b>6 1/8</b> inches	<b>210</b> Feet	<b>490</b> Feet		
_____ inches	_____ Feet	_____ Feet		
_____ inches	_____ Feet	_____ Feet		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5</b>	<b>10.79</b>	<b>.188</b>	<b>190</b>	<b>490</b>

Perforations:  
 Type perforation **Air Perforater**  
 Size perforation **Puncture**

From	feet to	feet
<b>400</b>		<b>480</b>
_____	feet to	_____ feet
_____	feet to	_____ feet
_____	feet to	_____ feet
_____	feet to	_____ feet

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 **230** 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 **1790**

Signed R. Bruce MacKay  
 By driller performing actual drilling on-site or contractor  
 Date **12/8/2005**

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	<b>30+</b>		<b>3</b>