



WELL DRILLER'S REPORT

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

Permit No. \_\_\_\_\_  
 Basin 088

NOTICE OF INTENT NO. 56612

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER **Bruce Wick**  
 MAILING ADDRESS **5595 Wintergreen Ln. Reno, NV 89511**  
 ADDRESS AT WELL LOCATION **5595 Wintergreen**

2. LOCATION **NW 1/4 NW 1/4 Sec. 2 T 17N** N/S R **19E E** **Washoe** County  
 PERMIT NO. **DOM06-005** **045-535-04**  
Issued by Water Resources Parcel No.

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 **mud**

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
Sand		173	180	7
Sand, clay brown, boulders		180	320	140
Cobbles boulders sand		320	360	40
Sand, brown clay, boulders		360	400	40
Sand gravel	X	400	440	40
Sandy clay		440	460	20
Sand gravel	X	460	480	20

Washoe County Permit # WL060020

NAD 83  
 N 39.37107  
 W 119.82575

ORIGINAL LOG 24581

8. **WELL CONSTRUCTION**  
 Depth Drilled **480** Feet Depth Cased **480** Feet

**HOLE DIAMETER (BIT SIZE)**

	From	To
6 1/8 Inches	173 Feet	480 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	140	480

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

From	To
410 feet	440 feet
460 feet	480 feet
feet	feet
feet	feet
feet	feet

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

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

9. **WATER LEVEL**  
 Static water level **126** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature **Cool** °F Quality **Not tested**

Date started **6/26/2006**, 19  
 Date completed **6/30/2006**, 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	30		3

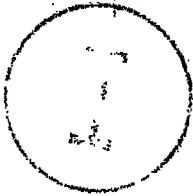
10. **DRILLER'S CERTIFICATION**  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

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 **7/5/2006**



STATE ENGINEERS OFFICE

2006 JUL 26 PM 1:37

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