

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

OFFICE USE ONLY

Log No. 101607  
 Permit No. \_\_\_\_\_  
 Basin 087

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. **57802**

1. OWNER **Crystal Springs Water**  
 MAILING ADDRESS **901 S. Center St. Reno, NV 89502**  
 ADDRESS AT WELL LOCATION **901 S. Center St. Reno**

2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **13** T **19N** N/S R **19E** E **Washoe** County  
 PERMIT NO. **11-334-15** 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	Thickness
On this date we abandoned a 2" x 13' Monitor well by pumping 1 cubic foot of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top.				
Monitor Well # MW1 NAD 83 N39.51674 W 119.80717				
OLD LOG 52064				
39.516449°N 119.806164°W NAD27 Cont'd				

8. WELL CONSTRUCTION

Depth Drilled **13** Feet Depth Cased **13** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<b>8</b>	<b>0</b>	<b>13</b>	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2</b>		<b>SCH40</b>	<b>0</b>	<b>13</b>

Perforations:  
 Type perforation **Screen**  
 Size perforation **.020**

From	To	Feet
<b>3</b>	<b>13</b>	feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From **3** feet to **13** feet

9. WATER LEVEL

Static water level **5** feet below land surface  
 Artesian flow \_\_\_\_\_ C.P.M. \_\_\_\_\_ P.S.I. \_\_\_\_\_  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **9/19/2006**, 19  
 Date completed **9/19/2006**, 19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

STATE ENGINEERS OFFICE  
 2006 SEP 26 AM 10:43  
 RECEIVED

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 **2271**

Signed R. Bruce MacKay  
 By driller performing actual drilling on-site or contractor  
 Date **9/19/2006**