



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

OFFICE USE ONLY
 Log No. 102183
 Permit No. _____
 Basin φ67

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. 58964

1. OWNER Delores Witcher
 MAILING ADDRESS 355 Zolezzi Ln.
Reno, NV 89511

ADDRESS AT WELL LOCATION 355 Zolezzi Ln.

2. LOCATION SW 1/4 SE 1/4 Sec. 17 T 18N N/S R 20E E Washoe County
 PERMIT NO. 044-320-18
 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
On this date we abandoned a 6" X 42' well by perforating from 26' to surface with Mills Knife. We then pumped 1.25 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.				
Washoe permit # WL 060198				
NAD 83				
N 39.41901				
W 119.76073				
39.419099 N				
119.759710 W NAD27				

8. WELL CONSTRUCTION
 Depth Drilled 42 Feet Depth Cased 42 Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	From	To	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>42</u>

Perforations:
 Type perforation _____
 Size perforation _____

From	To
<u>0</u> feet to	<u>26</u> feet
_____ 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 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 2159

Date started 11/10/2006, 19
 Date completed 11/10/2006, 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 NOV 22 AM 10:57			
RECEIVED			

Signed R. Bruce MacKay
 By driller performing actual drilling on-site or contractor
 Date 11/10/2006