

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

OFFICE USE ONLY  
 Log No. 103197  
 Permit No. \_\_\_\_\_  
 Basin 089

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 59103

1. OWNER <b>Vincent McMahan</b>		ADDRESS AT WELL LOCATION <b>55 Sheldon Pl.</b>	
MAILING ADDRESS <b>55 Sheldon Pl.</b>		<b>Washoe 89704</b>	
<b>Washoe 89704</b>		Subdivision Name: _____	
2. LOCATION <b>se¼nw¼ Sec23T16N/ R19E</b>		Latitude <b>39.23894</b>	UTM E _____ <input type="checkbox"/> NAD 27
PERMIT/WAIVER NO. <b>73153</b>	<b>055-287-16</b>	Longitude <b>119.82115</b>	N _____ <input checked="" type="checkbox"/> NAD 83/WGS 84
<small>Issued by Water Resources</small>		<small>Parcel No.</small>	

3. WORK PERFORMED		4. PROPOSED USE		5. WELL TYPE	
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Replace	<input type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Cable	<input checked="" type="checkbox"/> Rotary
<input type="checkbox"/> Deepen	<input type="checkbox"/> Other	<input type="checkbox"/> Municipal/Industrial	<input type="checkbox"/> Monitor	<input type="checkbox"/> Air	<input type="checkbox"/> Other <b>mud</b>
			<input type="checkbox"/> Test		<input type="checkbox"/> RVC
			<input type="checkbox"/> Stock		

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
Brown coarse sand		0	40	40
Gray sand		40	160	120
Brown sand	x	160	230	70
Gray sand		230	240	10
Coarse gray sand	x	240	295	55
Granite		295	310	15
Broken granite	x	310	400	90

N 39.239045  
 W 119.820148      NAD 83

RECEIVED  
 2007 APR 24 AM 11:16  
 STATE ENGINEERS OFFICE

9. WELL CONSTRUCTION	
Depth Drilled <b>400</b> Feet	Depth Cased <b>400</b> Feet
HOLE DIAMETER (BIT SIZE)	
From <b>12.25</b> Inches	To <b>0</b> Feet <b>400</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>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+4</b>	<b>400</b>

Perforations:

Type of perforation **Machine cut**

Size of perforation **3/32**

From <b>160</b> feet to <b>180</b> feet
From <b>240</b> feet to <b>300</b> feet
From <b>340</b> feet to <b>360</b> feet
From <b>380</b> feet to <b>400</b> feet
From _____ feet to _____ feet

Annular Seal:  Yes  No

Neat Cement \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Cement Grout **0** to **100**  Pumped  Poured

Concrete Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

≥30% Bentonite Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Gravel Pack:  Yes  No **100** to **400**  Pumped  Poured

Type: **1/4 x 1/8**

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Type: \_\_\_\_\_

Date started: **4/4**, 20 **07**

Date completed: **4/9**, 20 **07**

7. Water Level	
Static water level: _____	feet below land surface
Artesian Flow: <b>15</b> G.P.M.	<b>10</b> P.S.I
Water Temperature: <b>Cool</b> °F	
Quality: <b>Not tested</b>	

8. WELL TEST DATA			
TEST METHOD:	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>200+</b>		<b>3</b>

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. Bum Mackay*

By driller performing actual drilling on site or contractor

Date **4/20/07**