WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 38016
Permit No.
Basin 89

NOTICE OF INTENT NO. 18640

1. OWNER Sharon Madsen
MAILING ADDRESS 3900 Ormsby Place
Carson City, NV 89704

ADDRESS AT WELL LOCATION
3900 Ormsby Place
Carson City, NV 89704

2. LOCATION SE ¼ SE ¼ Sec. 6 T 16N N/S R 20 E Washoe County

PERMIT NO. ____ Issued by Water Resources | 050-485-03 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
Abandon 8" dry well with neat cement.				
Casing was cut off 2' below grade.				
Casing was not able to be perforated due				
to proximity to pump house and thickness				
and carbon content of the old casing.				
We used approx. .8 yds. neat cement to				
abandon the well.				

Date started 8-26, 19 91
Date completed 9-06, 19 91

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
From To
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8		+250	-2	-40

Perforations:
Type perforation not known
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal filled to surface
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 34 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 MacKay Pump & Geothermal, 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 M1719

Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor

Date 9-06-'91

(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

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