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. 39300
Permit No.
Basin 89

NOTICE OF INTENT NO. 18663

1. OWNER Mrs. Heather Martini
MAILING ADDRESS 4785 Franktown Rd.
Carson City, NV 89701

ADDRESS AT WELL LOCATION
4705 Old 395N Carson
Carson City, NV 89701

2. LOCATION NW ¼ SW ¼ Sec. 3 T 16N N/S R 19 E Washoe County

PERMIT NO. (Issued by Water Resources) | Parcel No. 55-041-12 | 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 145' x 6 5/8" well after perforating casing from 140' to 25' from surface. Static water level was 22'. Pumped approximately 2.5 yards neat cement from bottom to top. This well was not in use and there had been another well(8") located approximately 150' away from this abandoned well.				

Date started 6-10, 19 92
Date completed 6-11, 19 92

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 ____ 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)

Perforations:
Type perforation
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
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 ____ 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 6-12-'92

RECEIVED '92 JUN 15 P2:06 STATE ENGINEER'S OFFICE

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 3-91)