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. 73369
Permit No.
Basin 83

NOTICE OF INTENT NO. 38043

1. OWNER Washoe Co.
MAILING ADDRESS P.O. Box 11130
Reno, NV 89520

ADDRESS AT WELL LOCATION 41 Lockwood Dr.

2. LOCATION SW 1/4 SE 1/4 Sec. 17 T 19N N/S R 21E E Washoe County
PERMIT NO. WaCo#6170 (Issued by Water Resources) | 084-080-04 (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 the well by pulling the casing from the well bore. We pumped approximately 4 cu. ft. of neat cement from the bottom while pulling the casing out. This was a 6" aluminum casing well.				

Date started 9/17/98, 19__
Date completed 9/17/98, 19__

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 16 Feet

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6			0	16

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 6 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature Cold °F Quality Not tested

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 1719

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

Date 9-21-98