

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 47860

OWNER Cliff Powell
 MAILING ADDRESS 860 Oklahoma
Reno, NV 89506

ADDRESS AT WELL LOCATION 860 Oklahoma

2. LOCATION NE 1/4 NE 1/4 Sec. 15 T 21N
 PERMIT NO. _____ Issued by Water Resources 080 413 10 Parcel No.

N/S R 19E E Washoe County
 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	4	4
DG.		4	60	56
Sandy Clay		60	67	7
DG. Gravel		67	75	8
DG.		75	180	105
Granite		180	260	80
Broken Granite	X	260	300	40

Washoe County permit # WL020062

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 inches	0	300
inches		
inches		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	300

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 X 3

From	To
260	300

Surface Seal: Yes No
 Depth of Seal 50
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 300 feet

9. WATER LEVEL
 Static water level 168 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 05/14/2002

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>40+</u>		<u>2</u>	