

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

OFFICE USE ONLY
 Log No. 89199
 Permit No. _____
 Basin 092-B

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **48383**

OWNER **Andrew Fritchen**
 MAILING ADDRESS **11925 Deodar Way**
Reno, NV 89506
 2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **15** T **21N**
 PERMIT NO. **080-355-03**
Issued by Water Resources Parcel No. Subdivision Name

ADDRESS AT WELL LOCATION **11925 Deodar Way**
 N/S R **19E** E **Washoe** County

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
Coarse sand	X	210	238	28
Gravel & sand	X	238	246	8
Coarse sand & dg.	X	246	310	64

Washoe County Water well permit # WL 030036

Well was tested with air lift for 4 HR. at 12 GPM.
 Pump test for 24 Hr. well flow 6.5 Gpm.

8. WELL CONSTRUCTION
 Depth Drilled **310** Feet Depth Cased **310** Feet

HOLE DIAMETER (BIT SIZE)
 6.125 Inches From **210** Feet To **310** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	200	310

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

From 230 feet to 250 feet
From 290 feet to 310 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level **156** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Not Test** °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 **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 **3/26/03**

7. WELL TEST DATA

TEST METHOD:	Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift <input checked="" type="checkbox"/>		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
air lift	12		4
pump test	6.5	124	24