

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

OFFICE USE ONLY
 Log No. 720571
 Permit No. _____
 Basin 92B

NOTICE OF INTENT NO. 54478

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

1. OWNER Thomas & Mary Ramelli
 MAILING ADDRESS 9040 Spearhead Way
Reno, NV 89506

ADDRESS AT WELL LOCATION 9040 Spearhead Way

2. LOCATION SW 1/4 SE 1/4 Sec. 11 T 20N N/S R 19E E Washoe County

PERMIT NO. _____ Issued by Water Resources _____ Parcel No. 552-083-13 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
Fractured granite	x	170	250	80
Gravel fractured rock	x	250	260	10
Washoe county well permit # WL030284				

8. WELL CONSTRUCTION

Depth Drilled 260 Feet Depth Cased 260 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>6 1/8</u>	<u>170</u>	<u>260</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>10.79</u>	<u>.188</u>	<u>160</u>	<u>260</u>

Perforations:

Type perforation Machine cut

Size perforation 3/32 x 3

From	To	Feet
<u>220</u>	<u>260</u>	

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 902 108 feet below land surface

Artesian Flow _____ G.P.M. _____ P.S.I.

Water temperature Cool °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 23095

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 1/16/04

Date started 1/14/2004 19__

Date completed 1/16/2004 19__

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>23</u>		<u>3</u>

