

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

Log No. 106088
 Permit No. _____
 Basin 092B

NOTICE OF INTENT NO. 100199

1. OWNER Baywest Inc. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5 Empire Dr. Andes St. Stead, NV
St. Paul, MN 55103
 2. LOCATION SE 1/4 SW 1/4 Sec. 32 T. 21 N. R. 19 E. W. 38 County Washoe
 PERMIT NO. NDEP#J09NV0093 Parcel No. 0310-470-02 Subdivision Name 119052'46.48'W
Issued by Water Resources 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 MW-4

Material	Water Strata	From	To	Thickness
<u>Well was in good condition</u>	<u>5.2</u>			
<u>Drilled out casing then pump grouted from bottom to surface 1.5'. Then finished off with ready mix.</u>				
<u>N 39.638745</u>				
<u>W 119.878568 NAD27</u>				

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)
<u>2</u>	<u>PVC</u>	<u>SCH 40</u>	<u>0</u>	<u>15</u>

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

Date started 4/22, 20 08
 Date completed 4/22, 20 08

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 5.2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °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 Andresen Drilling
 Address 11635 Belford rd. Reno, NV 89509
 Nevada contractor's license number issued by the State Contractor's Board 341525
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1028
 Signed [Signature]
 Date 4/29/08