

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

OFFICE USE ONLY

Log No. 90477

Permit No. 087

Basin

NOTICE OF INTENT NO. **49294**

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 **Cory & Stephanie Edmunds**  
 MAILING ADDRESS **12350 Jeppson Ln.**  
**Reno, NV 89511**

ADDRESS AT WELL LOCATION **12350 Jeppson**

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **17** T **18N**  
 PERMIT NO. **044-320-26**  
 Issued by Water Resources Parcel No. Subdivision Name

N/S R **20E** 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
Top soil coarse sand		0	15	15
Coarse sand some rock	X	15	155	140
<b>Washoe county well permit #WL030184</b>				
RECORDED 20 SEP 11 AM 11:41 STATE ENGINEERS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled **155** Feet Depth Cased **155** Feet

HOLE DIAMETER (BIT SIZE)

**10 5/8** Inches From **0** Feet To **155** 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)
<b>6 5/8</b>	<b>12.92</b>	<b>.188</b>	<b>+2</b>	<b>155</b>

Perforations:

Type perforation **Machine cut**

Size perforation **3/32 X 3**

From <b>115</b> feet to <b>155</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal:  Yes  No

Depth of Seal **100'**

Placement Method:  Pumped  Poured

Seal Type:

- Neat Cement  
 Cement Grout  
 Concrete Grout

Gravel Packed:  Yes  No

From **100** feet to **155** feet

9. WATER LEVEL

Static water level **43'** feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ F.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 **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 contractor

Date **9/5/03**

Date started **9/1/2003**, 19  
 Date completed **9/2/2003**, 19

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<b>30+</b>		<b>3</b>	