

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

OFFICE USE ONLY

Log No. 104818
 Permit No. _____
 Basin φ89

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **59857**

1. OWNER **Pete & Sue Tedesco** ADDRESS AT WELL LOCATION **4155 Eastlake Washoe**
 MAILING ADDRESS **4155 Eastlake Blvd Washoe Valley NV. 89704** **Washoe**
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **se 1/4 sw 1/4 Sec 32 T17N/ R20E** Latitude **39.28866** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **050-416-02** Longitude **119.76175** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen 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	Thick-ness
Clay		125	151	26
Sand gravel some clay	x	151	165	14
Gray sandy clays		165	169	4
Gravel sand some c;lay	x	169	190	21
Multi color volcanics	x	190	202	12

Washoe County Permit
WL 070073

N39.288765
W119.760749 NAD27

2007 JUN 20 11:45
 STATE ENGINEER DIVISION

Date started: **6/11, 20 07**
 Date completed: **6/12, 20 07**

9. WELL CONSTRUCTION
 Depth Drilled **202** Feet Depth Cased **202** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/8 Inches **125** Feet **202** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	10.79	.188	113	202

Perforations:
 Type of perforation **Machine cut**
 Size of perforation **3/32**
 From _____ **142** feet to _____ **202** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

7. Water Level
 Static water level: **98** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **Cool** °F
 Quality: **Not tested**

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
35		3	

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 **923**

Signed R. Bruce MacKay
 By driller performing actual drilling on site or contractor
 Date **6/12/07**