

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

OFFICE USE ONLY
 License No. 88727
 Permit No. _____
 Basin 102

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. 49352

1. OWNER Jim Sutter ADDRESS AT WELL LOCATION 5220 Anita Ave
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 32 T 18 N/S R24 E Lyon County
 PERMIT NO. 18-452-10 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

Material	Water Strata	From	To	Thick-ness
SAND - ROCK		0	87	87
BROWN CLAY - ROCK		87	148	61
BROWN CLAY - ROCK		148	152	4
BROWN CLAY - MEDIUM GRAVEL		152	198	46
BROWN CLAY		198	225	27
SANDY CLAY - GRAVEL	X	225	275	50
SANDY CLAY - BROWN		275	322	47
MEDIUM GRAVEL	X	322	365	47

8. WELL CONSTRUCTION
 Depth Drilled 365 Feet Depth Cased 365 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
9 7/8 Inches 0 Feet 365 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>14</u>	<u>.188</u>	<u>+1</u>	<u>275</u>
<u>5</u>		<u>.188</u>	<u>265</u>	<u>365</u>

Perforations:
 Type perforation Factory milled
 Size perforation 3/32" x 3"
 From _____ feet to _____ feet
 From 245 feet to 275 feet
 From 265 feet to 365 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50 ft
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 275 feet

9. WATER LEVEL
 Static water level UNKNOWN feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality CLEAR

Date started 5 DEC 2002
 Date completed 10 DEC 2002

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 checked="" type="checkbox"/> Air Lift	<u>20-22</u>		<u>1.0</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Blain Drilling & Pump Co.
P.O. Box 1255
 Address Carson City, NV 89702
 Nevada contractor's license number issued by the State Contractor's Board 46498
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2167
 Signed Jack Watson
 by driller performing actual drilling on site or contractor
 Date _____

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 02 DEC 31 PM 3:50
 STATE ENGINEERS OFFICE