

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

OFFICE USE ONLY
 Log No. 98377
 Permit No. _____
 Basin 084

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. **55741**

1. OWNER John & Jari Sutton
 MAILING ADDRESS 1482 Linda Way
Sparks, NV 89431

ADDRESS AT WELL LOCATION 175 Curnow Canyon

2. LOCATION NW 1/4 SW 1/4 Sec. 04 T 21N N/S R 21E E Washoe County

PERMIT NO. _____ Issued by Water Resources 077-480-06 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
Top soil		0	1	1
Brown volcanic rock		1	27	26
Black hard volcanic rock		27	46	19
Gray sandy clays		46	120	74
Gray volcanic rock		120	124	4
Green sandy clays		124	176	52
Brown sandy clays		176	285	109
Weatherd granite		285	340	55
Gray clay		340	506	166
Gray granite with multi color volcanic rock		506	542	36
Gray hard granite		542	694	152
Small fracture		694	695	1
Gray granite		695	704	9
Fracture		704	705	1
Gray granite		705	791	86
Fracture	x	791	809	18
Gray granite		809	813	4

Washoe County Well Permit # WL 050112

8. WELL CONSTRUCTION
 Depth Drilled 813 Feet Depth Cased 813 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	60
8 5/8 Inches	60	813

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	813

Perforations:
 Type perforation Machine cut
 Size perforation 3/32 x 3

From	To
773 feet	813 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Surface Seal: Yes No
 Depth of Seal 50

Placement Method: Pumped Poured

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 813 feet

9. WATER LEVEL
 Static water level 380 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 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 7/26/2005

Date started 7/11/2005 19
 Date completed 7/25/2005 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	10	3
Draw Down (Feet Below Static)		