

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

OFFICE USE ONLY
 Log No. 57042
 Permit No. _____
 Basin 087

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. **32013**

1. OWNER **S & H Investments, Hugh Hutchins**
 MAILING ADDRESS **1055 W. Moana Lane Suite #4**
Reno, NV 89509

ADDRESS AT WELL LOCATION **485 Anitra Reno NV 89511**

2. LOCATION **NW 1/4 NW 1/4 Sec. 2 T8N R18E E Washoe** County
 PERMIT NO. **Wa Co 5734** **041-110-76**
 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
Over burden		0	10	10
Brown & Grey granite		10	67	57
Brown clay w/ soft rock		67	98	31
See next line		98	125	27
Grey & Black granite w/ red valc. & white rock				
Orange stained blk valcanics		125	230	105
Clay		230	240	10
Orange stained rock		240	289	49
Orange clay		289	291	2
Orange stained rock		291	310	19
Purple valc. w/ fractures		310	350	40
Blk valcanics w/ fract.		350	390	40
See next line		390	410	20
Grey granite w/ blk & purple valc.				
Blk & purple valc. w/ stain	xx	410	455	45

8. WELL CONSTRUCTION
 Depth Drilled **455** Feet Depth Cased **445** Feet

HOLE DIAMETER (BIT SIZE)
 From To
12 1/4 Inches **0** Feet **445** Feet
9 5/8 Inches **445** Feet **455** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	22.36	.250	+1	445

Perforations:
 Type perforation **Factory**
 Size perforation **.070 x 3"**

From **430** feet to **445** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **350** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **350** feet to **445** feet

9. WATER LEVEL
 Static water level **322** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **58** °F Quality **Clear**

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 or contractor

Date 9-10-96

Date started **8/26/96**, 19__
 Date completed **9/3/96**, 19__

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
35+	1 foot	2.5 hrs

RECEIVED
 96 OCT - 9 11:25
 STATE ENGINEERS OFFICE