

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY



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

OFFICE USE ONLY
 Log No. 103140
 Permit No. _____
 Basin 105

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. 58259

1. OWNER CANYON CREEK CONSTRUCTION ADDRESS AT WELL LOCATION NONE
 MAILING ADDRESS P.O. BOX 21270
CARSON CITY, NV 89721

2. LOCATION NE 1/4 SW 1/4 Sec 30 T 13 N R 20 E DOUGLAS County
 PERMIT NO. NW NE 1320-30-501-007
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 N/A

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
DESTROYED A 12" DEWATERING WELL 22' DEEP		0	22	22
PUMPED FULL OF NEAT CEMENT PLACED A 20' 2" PIPE TO BOTTOM AND PUMPED FULL OF NEAT CEMENT THEN PULLED OUT CASING				
GPS INFO: NAD 83				
38.96677*N				
119.77839*W				

8. WELL CONSTRUCTION
 Depth Drilled N/A Feet Depth Cased N/A Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>N/A</u>				

Perforations:
 Type perforation N/A
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal N/A Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ N/A feet to _____ N/A feet

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

Date started 4/2, 20 07
 Date completed 4/2, 20 07

7. WELL TEST DATE

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
		<u>N/A</u>	
			<u>2007 APR 10 PM 3:35</u>
			<u>RECEIVED</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name CAPITAL CITY WELL DRILLING
(CONTRACTOR)
 Address 20 KIT KAT DRIVE
(CONTRACTOR)
CARSON CITY, NV 89706
 Nevada contractor's license number issued by the State Contractor's Board 0055548
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1905
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4/5/07