

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

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY

Log No. 103159
 Permit No. _____
 Basin 105

PRINT OR TYPE ONLY

1. OWNER **LENNAR CORPORATION**
 MAILING ADDRESS **P.O. BOX 12010-LC**
HEMET, CA 92546
 ADDRESS AT WELL LOCATION **6501 CENTER ST**
CARSON CITY, NV 89701

2. LOCATION NE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 5 T 14 N R 20 E **CARSON** County
 PERMIT NO. SW NE **9-311-08**
 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	Thickness
OLD 6 5/8 #4 WELL		0	398	398
PERFORATED FROM 42' TO 378'				
4 ROWS 2' APART				
TRIMMED WITH PIPE TO 48' PUMPED FULL WITH 4.5+ YRD NEAT CEMENT				
<u>N39.108362</u>				
<u>W 119.757682 N/A 27</u>				
GPS INFO: NAD 83 39.10825*N 113.75868*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)
6 5/8	13.03	.156	+2	398

Perforations:
 Type perforation N/A
 Size perforation _____
 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 _____ 25 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ N/A °F Quality N/A

Date started 3/30, 20 07
 Date completed 3/30, 20 07

7. WELL TEST DATE

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

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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 3/28/07