

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. 103160
 Permit No. 105
 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. 58248

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

2. LOCATION SE 1/4 SW 1/4 Sec 5 T 14 N R 20 E CARSON County

PERMIT NO. SE 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	Thick-ness
<u>OLD 6 5/8 #5 WELL</u>		<u>0</u>	<u>94</u>	<u>94</u>
<u>PERFORATED FROM 42' TO 84'</u>				
<u>4 ROWS 2' APART</u>				
<u>TRIMMED WITH PIPE TO 48' PUMPED FULL WITH 4.5+ YRD NEAT CEMENT</u>				
<u>N 59.108522</u>				
<u>W 113.755742 NAD83</u>				

8. WELL CONSTRUCTION

Depth Drilled N/A Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>N/A</u> 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>6 5/8</u>	<u>13.03</u>	<u>.156</u>	<u>+2</u>	<u>94</u>

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

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

7. WELL TEST DATE

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

9. WATER LEVEL

Static water level 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature N/A °F Quality N/A

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 Michael Hark
 By driller performing actual drilling on site or contractor
 Date 3/28/07