

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. 103162  
 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. **58248**

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 1/4 SW 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	Thick-ness
OLD 6 5/8 #3 WELL		0	48	48
PERFORATED FROM 21' TO 42'				
4 ROWS 2' APART				
TRIMMED WITH PIPE TO 48' PUMPED FULL WITH 1/2 YRD NEAT CEMENT				
<u>N 39.10 2732</u>				
<u>W 119.757492 N1027</u>				
<u>39.107630 N</u>				
<u>119.758490 W</u>				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>N/A</u> Inches	Feet	Feet	Feet
Inches	Feet	Feet	Feet
Inches	Feet	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>0</u>	<u>48</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 25 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.

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

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

RECEIVED  
 2007 APR 11 AM 10:58

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 H. Beck  
 By driller performing actual drilling on site or contractor  
 Date 3/28/07