

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

OFFICE USE ONLY
 Log No. 1021782
 Permit No. _____
 Basin 105

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. **53730**

1. OWNER **Michelle Parrott**
 MAILING ADDRESS **3549 Mont Blanc Ct.
 Carson City, NV 89705**
 ADDRESS AT WELL LOCATION **3549 Mont Blanc Ct.
 Carson City, NV 89705**

2. LOCATION **SE 1/4 NW 1/4 Sec. 11 T N14** N/S R **E19 E** **Douglas** County
 PERMIT NO. **141911001008** 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 **Service**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Perforate 6 rows from 162 to 15. Installed trimic pipe. Pumped approximatly 8000 lbs of neat cement to surface to abandon well.				
GPS 39.09488 N. 119.81933 W. <u>NAD 93</u>				
T.D. 162 ft				
<u>N39.094982</u>				
<u>W 119.819330 NAD27</u>				

8. WELL CONSTRUCTION
 Depth Drilled **162** Feet Depth Cased **162** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	10.79	156	0	162

Perforations:
 Type perforation **Mills Knife**
 Size perforation **1/4 x 2**

From	To	Feet
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal: Yes No
 Depth of Seal **15 ft**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **71** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **A.S.A.P. Pump & Well Service LLC** Contractor
 Address **P.O. Box 60130** Contractor
Reno, NV 89506
 Nevada contractor's license number issued by the State Contractor's Board **35387C**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1509/2271**
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date **11/1/2007**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	Less than .5	162	1 HR 15 MS

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