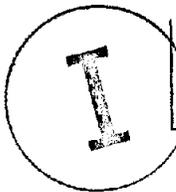


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 100979
Permit No. _____
Basin 087

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. 61019

1. OWNER THERESA WESTOVER ADDRESS AT WELL LOCATION 1875 PECKHAM LN
MAILING ADDRESS 1875 PECKHAM LN RENO, NV 89510
Subdivision Name: _____ County: Washoe

2. LOCATION SE 1/4 NE 1/4 Sec 30 T 19N N/S R 20 E Latitude 39.48626°N UTME NAD 27
PERMIT/WAIVER No. 025-266-13 Longitude 119.77432°W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other N/A

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
TRIPPED IN WELL AND CLEANED OUT TO 148'		0	150	150
LINNER AND SANDED IN WASHED OUT AND PERFORATED FROM 25' TO 55'				
PLACED 2" TREEMING PIPE TO BOTTOM AND PUMPED FULL ON NEAT CEMENT TOOK 3 YRDS OF CEMENT 15' FALL BACK FILLED WITH CEMENT GROUT TO SURFACE				
<i>Plugging of log # 41016</i>				
<i>N 39.4862649</i>				
<i>W 119.773298 NAD27</i>				

WELL CONSTRUCTION			
Depth Drilled	N/A	Feet	Depth Cased
			N/A

HOLE DIAMETER (BIT SIZE)			
From	To	Feet	Feet
N/A			

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+1	60
5	9.66	.188	60	150

Perforations:
Type of perforation FACTORY MILL SLOT
Size of perforation 3 X 3/32
From 60 feet to 150 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement N/A to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No N/A to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 17-Jan, 20 08
Date completed: 17-Jan, 20 08

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____ N/A

WELL TEST DATA			
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	N/A	N/A	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 AND PUMP SERVICE INC.
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 _____ performing actual drilling of site of contractor
Date 01/22/2008

USE ADDITIONAL SHEETS IF NECESSARY

STATE ENGINEERING OFFICE
2008 SEP -3 AM 11:20
RECORDED

COPY