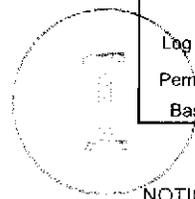


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY 108647

Log No. _____
Permit No. _____
Basin 887



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

1. OWNER Kleinfelder/Don Adams
MAILING ADDRESS 4835 Longley Ln
SE Reno NV 89502
2. LOCATION NW 1/4 SE 1/4 Sec 11 T 19 S R 20 E
PERMIT/WAIVER No. N/A
Issued by Water Resources Parcel No. _____

ADDRESS AT WELL LOCATION Larkin Circle
Sparks, NV
Subdivision Name: _____ County: Washoe
NOTICE OF INTENT NO. 33552
Latitude 39.522 UTM E NAD 27
Longitude -119.697 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
 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Asphalt</u>		<u>0</u>	<u>.5</u>	<u>.5</u>
<u>sandy clay</u>		<u>.5</u>	<u>5</u>	<u>4.5</u>
<u>Lean clay</u>		<u>5</u>	<u>8</u>	<u>3</u>
<u>clayey sand</u>		<u>8</u>	<u>10</u>	<u>2</u>
<u>Sand w/silt</u>		<u>10</u>	<u>20</u>	<u>10</u>
<u>Gravel w/sand</u>		<u>20</u>	<u>26</u>	<u>6</u>

39.522088°N
119.695980°W
NAD 27
TA

9. WELL CONSTRUCTION

Depth Drilled 26' Feet Depth Cased 26' Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>8</u> Inches	<u>0</u> Feet	<u>26'</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>26</u>

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 6' feet to 26' feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0</u> to <u>2'</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 4' to 26'
Type: #3 sand

Bentonite Chips: Yes No 4' to 2'
Type: Hole plug

Date started: 4-8, 2009
Date completed: 4-8, 2009

7. Water Level
Static water level: 14' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling inc.
Address 4255 W. Post rd.
Las Vegas, NV 89118
Nevada contractor's license number 005799
Issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller NA-18069
Signed _____
Date 5-11-09

STATE ENGINEER
2009 MAR 18 8:08 PM
M-18069