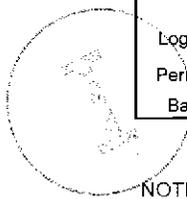


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 102540

Permit No. 087
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. 65220

1. OWNER Kleinfelder
MAILING ADDRESS 4835 Longley Lane Reno NV 89502

ADDRESS AT WELL LOCATION P-2F-09-10
Subdivision Name: _____ County: Washoe

2. LOCATION SW 1/4 SW 1/4 Sec 11 T 19 N S R 20 E
PERMIT/WAIVER No. M/0 1558 034-161-01
Issued by Water Resources Parcel No. _____

Latitude 39.5209420 N UTM E 267033.7 NAD 27
Longitude 119.710121 W N 4377881.2 NAD 83/WGS 84
(119.710121 N + 027 07)

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>low clay (CL)</u>		<u>0</u>	<u>8</u>	
<u>fat clay (CH)</u>		<u>8</u>	<u>16</u>	
<u>Silt & clay sand (SP-SM/SPSC)</u>		<u>16</u>	<u>25</u>	
<u>Gravel w sand and silt (GP-GM/SP-G)</u>		<u>25</u>	<u>42</u>	
<u>Sand with clay silt (SP-SM/SPSC)</u>		<u>42</u>	<u>60</u>	

9. WELL CONSTRUCTION

Depth Drilled 60 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>6</u> Inches	<u>0</u> Feet	<u>60</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Sch 80</u>	<u>0</u>	<u>20</u>

Perforations:

Type of perforation hor slot

Size of perforation

From 20 feet to 5.0 feet

Annular Seal: Yes No

Neat Cement 10 to 22 Pumped Poured

Cement Grout 60 to 22 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 3 to 22 Pumped Poured

Type: 212 sand

Bentonite Chips: Yes No 1 to 3 Pumped Poured

Type: med chips

Date started: 11/17, 2009
Date completed: 11/18, 2009

7. Water Level
Static water level: 17.3 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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)

2009 DEC 17 PM 3:11

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Contractor

Address PO Box 1411 Contractor
Zamora CA 95698

Nevada contractor's license number 0012852
issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1880

Signed [Signature]
By driller performing actual drilling on-site or contractor

Date 11/18/09