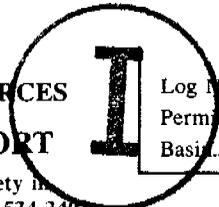


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 71709-
 Permit No. _____
 Basis 100

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. 36895

1. OWNER Roston Company, L.L.C. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 300 Carlsbad Village Drive Reno Parks Blvd - 1450 Mud Springs Road
Carlsbad, Ca 92008

2. LOCATION NE 1/4 NE 1/4 Sec 20 T 21N N/S R 18 E MDB+M County _____
 PERMIT NO. DEW 96375 Dew 009 A, B Cold Springs Valley Waste Water Treatment Plant
 Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED DW-03 4. PROPOSED USE dewater 5. WELL TYPE _____
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Destruction Municipal/Industrial Monitor Stock Air Other Bucket Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Purpose of Report -				
Destroy 23 Temporary Dewatering Wells -				
All casings extracted, allowing the gravel filter to drop to 6' or more - at least 2' below static water level. Those that did not drop the required depth were dug out with a small bucket backhoe - We pumped the static water level down on each well and filled with 5 sack grout to the existing surface grade.				
The above is all xxx in accordance with a letter dated May 16, 1997 from Thomas K. Gallagher, P.E. Hydraulic Engineer III				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
30 Inches _____ Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
XXXX				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level: 3.8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 5-29-97, 19_____
 Date completed 5-29-97, 19_____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Joseph E. Myhren, Jr.
 Address 801 Northport Drive W. Sacramento, Ca. 95691
 Contractor _____
 Nevada contractor's license number 0044407
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1868-M
 Signed Joseph E. Myhren, Jr.
 By driller performing actual drilling on site or contractor
 Date 6-3-97