

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

OFFICE USE ONLY
 Log No. 7707-71712
 Permit No. _____
 Basin 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 Reno Parks Blvd - 1450 Mud Springs Road
 MAILING ADDRESS 300 Carlsbad Village Drive Carlsbad, Ca 92008
 2. LOCATION NE 1/4 NE 1/4 Sec. 20 T. 21N N/S R. 18 E MDB+M County Cold Springs Valley Waste Water Treatment Plant
 PERMIT NO. PWPWA56375 DEW-009A, B Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

3. WORK PERFORMED DW-06 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	40 Feet
_____ Inches	_____ Feet
_____ Inches	_____ Feet

CASING SCHEDULE

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

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level 3.8 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 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