

OFFICE USE ONLY
 Log No. 82480
 Permit No. 104
 Basin 11

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 37434

1. OWNER CITY OF CARSON CITY ADDRESS AT WELL LOCATION COLLEGE PARK
 MAILING ADDRESS 3303 BUTTE WAY BLDG. 1
CARSON CITY, NV. 89701 well # 30
 2. LOCATION 1/4 SW 1/4 Sec. 5 T 15 N/S R. 20 E CARSON CITY County
 PERMIT NO. DEW 023 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other ARTEL

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---------------|--------------|------|----|-----------|
| SILTY CLAY | 9 | 0 | 9 | |
| SILTY SAND | | 9 | 11 | |
| CEMENTED SAND | | 11 | 19 | |
| SANDY SILT | | 19 | 30 | |

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 30 Feet
 From 0 Feet To 30 Feet
 From 0 Feet To 30 Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>8</u> | <u>6</u> | <u>.375</u> | <u>0</u> | <u>30</u> |

Perforations:
 Type perforation SLOT
 Size perforation .030"
 From 10 feet to 30 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal N/A Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 10 feet to 30 feet

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

Date started MARCH 15 2000
 Date completed MARCH 15 2000

7. 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) | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name VIKING DRILLERS, INC. Contractor
 Address 801 NORTHPORT DRIVE
WEST SACTO, CA. 95691 Contractor
 Nevada contractor's license number 00044407
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the M-2091
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10.9.00