

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. 20320

1. OWNER KG Waters ADDRESS AT WELL LOCATION 5500 N. Loma Rd
 MAILING ADDRESS San Joaquin CA
 2. LOCATION NE 1/4, P. 18 T. 18 S. 20 E. Washoe County
 PERMIT NO. _____ 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 Bucket

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|----------------------------------|--------------|-----------|-----------|------------|
| <u>Fill</u> | | <u>0</u> | <u>8</u> | |
| <u>Dirty sand</u> | | <u>8</u> | <u>17</u> | |
| <u>Silty sand w/ clay lenses</u> | | | | |
| <u>Clay lenses</u> | | <u>17</u> | <u>24</u> | |
| <u>Clay w/ sand lenses</u> | | <u>24</u> | <u>42</u> | |
| <u>Dirty sand w/ gluv trace</u> | | <u>42</u> | <u>43</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 43 Feet Depth Cased 43 Feet
 HOLE DIAMETER (BIT SIZE)
24 Inches 0 Feet 43 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>8</u> | <u>PVC</u> | <u>5/40</u> | <u>0</u> | <u>43</u> |

Perforations:
 Type perforation slt
 Size perforation .830
 From _____ feet to _____ feet
 From 5 feet to 43 feet
 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 43 feet

9. WATER LEVEL
 Static water level 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6-20-01, 19____
 Date completed " ", 19____

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 CDL Contractor
 Address Ontario CA Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources the on-site driller M-1968
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6-21-01