

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT
 Please complete this form in its entirety in
 accordance with NRS 534.170 and NAC 534.340

29886
 30101
 NOTICE OF INTENT NO. _____

1. OWNER Perini Const. ADDRESS AT WELL LOCATION 3600 S. Las Vegas Blvd
 MAILING ADDRESS 6370 S. Polaris
Las Vegas, NV 89113

2. LOCATION NW 1/4 SE 1/4 Sec. 20 T. 21 N. R. 61 E. County Clark
 PERMIT NO. DW-1217 Parcel No. 162-20-501-005 City City Center Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Bucket Auger

6. LITHOLOGIC LOG #19

Material	Water Strata	From	To	Thick-ness
Rock		0	9	9
Clay / Hard Pan		9	14	5
Clay		14	17	3
Clay w/ Rock		17	18	1
Clay		18	20	2
Rock		20	23	3
Clay		23	33	10

8. WELL CONSTRUCTION
 Depth Drilled 33 Feet Depth Cased 33 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 33 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12'</u>	<u>12.5</u>	<u>.5</u>	<u>0</u>	<u>33</u>

Perforations:
 Type perforation Machine
 Size perforation .032
 From 0 feet to 33 feet
 From _____ feet to _____ feet
 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 0 feet to 33 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow none G.P.M. _____ P.S.I. _____
 Water temperature N/T °F Quality N/T

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
 Address 801 Northport Dr.
W. Sacramento, CA 95691
 Nevada contractor's license number 0034680
 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 8/6/06

Date started 5/3/06, 20____
 Date completed 5/3/06, 20____

7. WELL TEST DATA

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

LOG FOR BORING NO. <i>19</i>		JOB NAME: <i>Cattaraugus L09100515</i>			
DATE STARTED <i>8/3/06</i>	DATE COMPLETED <i>8/3/06</i>	LOGGED BY <i>EB</i>	DRILLED BY <i>EB</i>	TYPE OF DRILL RIG <i>#36</i>	JOB NO. <i>1039</i>
DEPTH OF HOLE <i>33'</i>	DIAMETER OF HOLE <i>24"</i>	CASING <i>12"</i>	PERFORATIONS <i>33'</i>	SAMPLING METHOD <i>Visual</i>	ELEVATION

LOCATION
APN # 162-20-501-005

DRILLERS NOTES:
*Temp. de-watering well
Drilled with Bucket/Auger
Eric Batten M-2091*

DEPTH	SAMPLES	GRAPHIC	DESCRIPTION
10'			Rock
20'			clay/HARD PAN clay clay w/ rock clay rock
30'			clay
40'			
50'			
60'			
70'			
80'			
90'			
100'			