

OFFICE USE ONLY
 Log No. 181405
 Permit No. _____
 Basin 212



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 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

USA Corps of Engineers

NOTICE OF INTENT NO. 30630

1. OWNER BERNO SCHMIAT ADDRESS AT WELL LOCATION 140-02
 MAILING ADDRESS 4349 DUFFER DR STE 1601 SITE ST-44
NEELIS AFB NEV. 89191-7007
 2. LOCATION NE 1/4 NW 1/4 Sec 10 T. 20 N. R. 62 E. CLARK County
 PERMIT NO. 1401001 Parcel No. 140-10-101-001-09 Subdivision Name NEELIS AFB

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 Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>LT. BRN CLAY + CALICHE</u>		<u>0</u>	<u>28</u>	<u>28</u>
<u>GRAVEL + FINE SAND</u>	<u>WRT</u>	<u>28</u>	<u>83</u>	<u>55</u>
<u>BRN SANDY CLAY</u>				
<u>+ CALICHE</u>		<u>83</u>	<u>88</u>	<u>5</u>

8. WELL CONSTRUCTION
 Depth Drilled 88 Feet Depth Cased 85 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 88 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>	<u>SCH 10</u>	<u>P.V.C</u>	<u>0</u>	<u>85</u>

 Perforations:
 Type perforation SHOTTED
 Size perforation 1.010
 From 55 feet to 85 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 53 feet to 85 feet

DCNR/DWR
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NOV 3 2006

LAS VEGAS OFFICE

Date started 10/2/06, 20
 Date completed 10/2/06, 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			

9. WATER LEVEL
 Static water level 45.67 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 PRESONIC CORP Contractor
 Address 12464 M'CALL DR Contractor
SANTA FE SPRINGS CA. 90670
 Nevada contractor's license number issued by the State Contractor's Board 0051765
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2303
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/26/06