

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

OFFICE USE ONLY
Log No. 104944
Permit No. _____
Basin 213



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. 34701

1. OWNER PATRICK E HLT ADDRESS AT WELL LOCATION APN # 228-04-701-001
MAILING ADDRESS 38471 Goshong Rd Township of Nelson
ALBANY OR 97301 Subdivision Name: _____ County: CLARK

2. LOCATION NE 1/4 SE 1/4 Sec 4 T 26 N/S R 64 E Latitude 35° 42' 66"N UTM E NAD 27
PERMIT/WAIVER No. 228-04-701-001 Longitude 114° 49' 85"W N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND & GRAVEL		0	28	28
GRANITE		28	58	30
Decomposed GRANITE		58	140	82
Decomposed GRANITE	X	140	165	25
GRANITE		165	300	135
Decomposed GRANITE	X	300	470	170

Stamp: **CONFIDENTIAL**
FEB 19 2008
LAS VEGAS OFFICE

9. WELL CONSTRUCTION

Depth Drilled 470 Feet Depth Cased 470 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
<u>1 1/4</u> Inches	0	470	Feet
_____ Inches	_____	_____	Feet
_____ Inches	_____	_____	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>P 480 PVC</u>	<u>+1</u>	<u>470</u>

Perforations:

Type of perforation SAW CUT
Size of perforation 1/8 x 3

From 160 feet to 200 feet
From 300 feet to 460 feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 50 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level

Static water level: 95.5 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: Good

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Submersible Pump</u>	<u>15</u>	<u>48</u>	<u>1</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Redding Drilling & Pump Service
Address 530 E. Larson Ln.
Henderson, NV 89044
Nevada contractor's license number 38155
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2063

Signed Ron Toashy
By driller performing actual drilling on site or contractor
Date 2-11-08

USE ADDITIONAL SHEETS IF NECESSARY