

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

Log No. _____
 Permit No. _____
 Basin. **087**

NOTICE OF INTENT NO. **34545**

1. OWNER **Olympia Gaming LLC** ADDRESS AT WELL LOCATION **None**
 MAILING ADDRESS **11411 Southern Highlands Prvy Las Vegas, NV 89141** located east of the sparks marina, spark, NV
N 39.531922 W 119.722980 M1727
 2. LOCATION **1/4 NW 1/4 NE 1/4 Sec 10 T 19 R 20 E Washoe County**
 PERMIT NO. **M/D-1474** Issued by Water Resources Parcel No. **037-030-46** Subdivision Name _____

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

6. LITHOLOGIC LOG **MW-3**

Material	Water Strata	From	To	Thick-ness
Fill		0	6'	
Sand & Gravel		6	11'	
clay	17	11	17	
Gravel w/ sand	17	17	40	

(A large hand-drawn sketch of a well casing is overlaid on the lithologic log table.)

39° 31' 54.52898" N
119° 43' 26.33951" W
~~Lat 39.5312~~
~~Long 119.7222~~ ~~W 119.7222~~

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **40** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PVC	Sch 40	0	40

Perforations:
 Type perforation **Factory slot**
 Size perforation **.020**
 From **10** feet to **40** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **8' to surface** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **8'** feet to **40'** feet

9. WATER LEVEL
 Static water level **17** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **12-3**, 20**07**
 Date completed **12-3**, 20**07**

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			

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10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Elite Drilling Inc.** Contractor
 Address **4255 W. Post rd. Las Vegas, NV 89118** Contractor
 Nevada contractor's license number **0054931** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1869**
 Signed _____ By driller performing actual drilling on site or contractor
 Date **12-10-07**