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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

NOTICE OF INTENT NO. 34783

1. OWNER ROBERT T. McMONIGLE Trust ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5450 W. SERENE SAME
89139
 2. LOCATION SW 1/4 NE 1/4 Sec 24 T. 22 N/S R. 60 E CLARK County
 PERMIT NO. _____
 Issued by Water Resources 176-24-601-029 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 PUMP TEST

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
INSTALL PVC LINE			460 ft.	
380 ft Blank 4 1/2" PVC			460	
80 ft Perf PVC			460	
ORIGINAL HOLE DRILLED & CASED TO 450 ft.				
LOG # 29420				
LATITUDE N 36° 01' 292 "				
LONGITUDE W 115 - 12 - 834				

8. WELL CONSTRUCTION
 Depth Drilled 450 Feet Depth Cased 450 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation FACTORY
 Size perforation 3/16" Sieve TYPE
 From _____ feet to _____ 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 26 1/2 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature WARM Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Vernon H. Dimick Contractor
 Address 5740 N. Joe Lee Ln Contractor
L.V. NV 89149
 Nevada contractor's license number issued by the State Contractor's Board 10062
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552
 Signed VH Dimick
 By driller performing actual drilling on site or contractor
 Date 12-3-10

Date started 10-10-10, 20 _____
 Date completed 10-10-10, 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			

DCNR/DWR
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LAS VEGAS OFFICE