

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

OFFICE USE ONLY
 Log No. **40861**
 Permit No. _____
 Basin **212**

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. **23704**

1. OWNER **KRISIO Contracting** ADDRESS AT WELL LOCATION **Penske Trucking**
 MAILING ADDRESS **1126 West Bonanza Rd** **1126 WEST BONANZA Rd**
Las Vegas NV 891 **Las Vegas NV 891**
 2. LOCATION **NE 1/4 SE 1/4 Sec 28 T 20 N/S R 61 E CLARK** County
 PERMIT NO. **MO-2256** Issued by Water Resources 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Concrete		0	1.5	1.5
Fill		1.5	3.5	2.0
SANDY silt w/ gravel		3.5	6.0	2.5
Silty clay		6	8.5	2.5
SANDY silt w/ gravel		8.5	10.5	2.0
CALICHE		10.5	12	1.5
Silty clay w/ gravel		12	16	4.0
SAND w/ silt		16	19.5	3.5
CALICHE		19.5	23	3.5
Clayey silt w/ gravel		23	25	2.0

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **25** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **25** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	0.070		0	25

Perforations:
 Type perforation **FACTORY slotted**
 Size perforation **0.020**
 From **10** feet to **25** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **7** Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **7** feet to **25** feet

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 MAR 23 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started **3-10** 19**93**
 Date completed **3-10** 19**93**

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **11.58** 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 **Don Wilson / Converse Construction** Contractor
 Address **4670 S. Polaris Ave** Contractor
Las Vegas NV 89103
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1589**
 Signed **Don Wilson**
 By driller performing actual drilling on site or contractor
 Date _____