

OFFICE USE ONLY
 Log No. 45787
 Permit No. _____
 Basin 212



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT *in book*

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 12593

1. OWNER BOYD BROTHERS ASSOCIATES ADDRESS AT WELL LOCATION Boulevard Hwy SWATER ST
 MAILING ADDRESS 833 Nevada Hwy #4
Boulder City NV 89005
 2. LOCATION NE 1/4 SW 1/4 Sec 7 T. 22 N. R. 63 E. Clark County
 PERMIT NO. MD-2447 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 TELE

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------------|--------------|-----------|-----------|------------|
| <u>clay</u> | | <u>0</u> | <u>22</u> | |
| <u>clay w/ gravel</u> | | <u>22</u> | <u>45</u> | |
| <u>6 inella clay</u> | | <u>45</u> | <u>64</u> | |
| <u>clay w/ gravel</u> | | <u>64</u> | <u>74</u> | |
| <u>sand</u> | | | | |

Hole was abandoned with cement grout from the bottom to the top.

8. WELL CONSTRUCTION
 Depth Drilled 74 Feet Depth Cased NT Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 74 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>NA</u> | | | | |

 Perforations:
 Type perforation NA
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 74 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED
 SEP 15 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 5-20, 1994
 Date completed 5-20, 1994

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 65 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 W. B. Environmental Contractor
 Address 4301 Sutterly View #21
LV NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0035639
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 21174
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-1-94

