

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 13212

1. OWNER HLA ADDRESS AT WELL LOCATION NOOT NEW YARD
 MAILING ADDRESS 4170 S. DEUTONATI
20 NW 89103
 2. LOCATION 1/4 NW 1/4 Sec. 27 T. 20 N. R. 61 E. CLARK County
 PERMIT NO. MO 2463 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 W6

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>CLAY</u>		<u>0</u>	<u>3</u>	
<u>CLAY</u>		<u>3</u>	<u>5</u>	
<u>CLAY / 16" SAND</u>		<u>5</u>	<u>10</u>	
<u>CLAY</u>		<u>10</u>	<u>25</u>	

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 25
10 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)
<u>4.5</u>	<u>PVC</u>	<u>SC140</u>	<u>0</u>	<u>10</u>

Perforations:
 Type perforation SLOTTED SCREEN
 Size perforation 8 3/8
 From 10 feet to 25 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 8 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 9 feet to 25 feet

9. WATER LEVEL
 Static water level 19 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 WESLEY ENVIRONMENTAL Contractor
 Address 4301 S. JACQUES VIEW #21 Contractor
20 NW 89103
 Nevada contractor's license number issued by the State Contractor's Board 0035739
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1910
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-6-94

Date started 7-5 1994
 Date completed 7-5 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			