

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

OFFICE USE ONLY
 Log No. **58150**
 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. **17566**

1. OWNER **SARK**
 MAILING ADDRESS **1755 Plumb Lane Suite 241 Reno, NV 89502**
 ADDRESS AT WELL LOCATION **3065 Sheridan St., Las Vegas, NV**

2. LOCATION **NW 1/4 SW 1/4 Sec. 8 T 21 N0R 61 E Clark** County
 PERMIT NO. **MO-2739** Parcel No. **162-08-302-06** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE **M-2**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0	.4	.4
Basalrock		.4	1	.6
Clayey silt		1	5	4
Silty sand		5	12	7
Gravel/cobbles		12	13	1
Silty sand		13	18	5
Caliche		18	19	1

8. WELL CONSTRUCTION
 Depth Drilled **19** Feet Depth Cascd **19** Feet

HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **19** Feet
 From **0** Feet To **19** Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	.7	.218	0	19

Perforations:
 Type perforation **slotted**
 Size perforation **.01, .02**
 From **(.01)** **4** feet to **14** feet
 From **(.02)** **14** feet to **19** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal **1**
 Placement Method: Pumped Poured
1.5 feet of bentonite placed between

Gravel Packed: Yes No
 From **2.5** feet to **19** feet

9. WATER LEVEL
 Static water level **212** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **7/30**, 19 **96**
 Date completed **7/30**, 19 **96**

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Thomas High** Contractor
 Address **731 Pilot Rd, Suite 4 Las Vegas, NV 89119**
 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 **M-1869**
 Signed _____ By driller performing actual drilling on site or contractor
 Date **10/3/96**