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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. 16572

1. OWNER LUP ADDRESS AT WELL LOCATION 886 Russett
 MAILING ADDRESS 4420 S Deatur N. Sam Boyd

2. LOCATION 1/4 SE 1/4 Sec 26 T. 21 N. R. 62 E. Clark County
 PERMIT NO. DW 1069 Issued by Water Resources Parcel No. 161-26-751-09 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Dewater WELL TYPE
 Domestic Irrigation Test Cable Rotary RVE
 Municipal/Industrial Monitor Stock Air Other BUCKET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>White Sand</u>		<u>0</u>	<u>9</u>	<u>9</u>
<u>Sand w/ Boulders</u>		<u>9</u>	<u>21</u>	<u>12</u>
<u>Shale Clay</u>		<u>21</u>	<u>25</u>	<u>4</u>
<u>Sand + gravel</u>		<u>25</u>	<u>38</u>	<u>13</u>
<u>conglomerate rock</u>		<u>38</u>	<u>41</u>	<u>3</u>
<u>Gravel coarse</u>		<u>42</u>	<u>42</u>	<u>1</u>
<u>conglomerate rock</u>		<u>42</u>	<u>44</u>	<u>2</u>
<u>Sand silty clay</u>		<u>44</u>	<u>60</u>	<u>16</u>

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
30 Inches 0 Feet 38 Feet
24 Inches 38 Feet 60 Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>	<u>PUC</u>	<u>Sch 40</u>	<u>0</u>	<u>60</u>

 Perforations:
 Type perforation slot
 Size perforation 20-30/60
 From 20 feet to 60 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 60 feet

9. WATER LEVEL
 Static water level 9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 68.6 °F Quality Good

Date started 7-7-97, 1997
 Date completed 7-7-97, 1997

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 LDC Contractor
 Address 536 E Maithud Contractor
Outback CA
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1864
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 7-14-97