

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

OFFICE USE ONLY
 Log No. 67157
 Permit No. 212
 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. 16304

1. OWNER 1UP
 MAILING ADDRESS 4420 S Decatur
Las Vegas 89103
 ADDRESS AT WELL LOCATION McLard + O. King

2. LOCATION S 1/2 W 1/2 Sec 23, 24 T. 21 N. 30 R. 6 E County

PERMIT NO. DW 1239
 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy silt</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>Sandy clay</u>		<u>8</u>	<u>17</u>	<u>9</u>
<u>Sand + gravel</u>		<u>17</u>	<u>41</u>	<u>24</u>
<u>Sand + clay</u>		<u>41</u>	<u>50</u>	<u>9</u>

8. WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Casings 50 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 50 Feet
 From 0 Feet To 50 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>5/16</u>	<u>40</u>	<u>50</u>

Perforations:
 Type perforation 5/16
 Size perforation 003
 From 0 feet to 30 feet
 From _____ feet to _____ feet

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

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 0 feet to 50 feet

9. WATER LEVEL
 Static water level 17 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature 60 °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name G.C.D.
 Address 536 E. Maitland
Ontario CA 91761
 Nevada contractor's license number 0031246
 issued by the state Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1968
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 1-8-93

Date started 1-8-93
 Date completed 1-8-93

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			

