

OFFICE USE ONLY
 Log No. 68688
 Permit No. _____
 Basin 212

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. 141064

1. OWNER GEORGE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5030 ARVILLE ST SU 7 CU Blvd CHEYENNE
LV NV 89119
 2. LOCATION SW 1/4 SW 1/4 Sec. 07 T. 20 N. R. 62-E CLARK County
 PERMIT NO. MO-2464 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 Special

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---------------------|--------------|-----------|-----------|-----------|
| <u>Clay</u> | | <u>0</u> | <u>31</u> | |
| <u>Clay</u> | | <u>21</u> | <u>32</u> | |
| <u>Clay</u> | | <u>32</u> | <u>61</u> | |
| <u>Clay</u> | | <u>61</u> | <u>63</u> | |
| <u>Clay of Sand</u> | | <u>63</u> | <u>72</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 72 Feet Depth Cased 70 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 72 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>108 40</u> | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation slotted screen
 Size perforation 2.25
 From 40 feet to 70 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 24 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 38 feet to 72 feet

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 MAR 21 1995
 BRANCH OFFICE - LAS VEGAS NV

9. WATER LEVEL
 Static water level 50 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2-6 19 95
 Date completed 2-6 19 95

7. WELL TEST DATA

| TEST METHOD: | TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | |
|--------------|--|-------------------------------|--------------|
| | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Weber Environmental Contractor
 Address 4301 S Valley View #121 Contractor
LV NV 89103
 Nevada contractor's license number 00 35639
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 011910
 Division of Water Resources, the on-site driller.
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 3-13-95