

WELL DRILLER'S REPORT

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. **17403**

1. OWNER **Lincoln Corp**

MAILING ADDRESS **376 Valencia Ave**

ADDRESS AT WELL LOCATION **3700 W. Charleston Blvd.**

2. LOCATION **SW 1/4 SE 1/4 Sec 36 T 20 R 60 E**

PERMIT NO. **138 36-408-006**

County **Clark**

Issued by Water Resources

Parcel No.

Subdivision Name

3. WORK PERFORMED

- New Well
 Replace
 Deepen
 Abandon
 Recondition
 Other

4. Domestic
 Municipal/Industrial

PROPOSED USE

- Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE

- Cable
 Rotary
 Auger
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strain	From	To	Thick-ness
Sand/ gravel		0	21	21
Silt/ sand		21	43	22
Clay		43	70	27

8. WELL CONSTRUCTION
Depth Drilled **70** Feet
Depth Cased **70** Feet
HOLE DIAMETER (BIT SIZE)
From **8** Inches
To **7 1/2** Feet
From **8** Inches
To **7 1/2** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 1/4		1/8	0	210

Perforations:

Type perforation **Factory Slotted**

Size perforation **2 1/2** feet to **70** feet
From **2 1/2** feet to **70** feet
From **2 1/2** feet to **70** feet
From **2 1/2** feet to **70** feet

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

Gravel Packed: Yes No
From **2 1/2** feet to **70** feet

9. WATER LEVEL

Static water level **61** feet below land surface
Artesian flow **61** feet below land surface
Water temperature **61** °F Quality **61** G.P.M. P.S.I.

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge

Name **Weber Drilling Services**

Address **1910 Sharp Circle**

N. Las Vegas NV

Nevada contractor's license number **2057**
Issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller

Signed **[Signature]**
By driller performing actual drilling on site or contractor

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) Time (Hours)

Date started **3-16-98**
Date completed **3-16-98**