

PRINT OR TYPE ONLY
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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. 16569

1. OWNER TAB ADDRESS AT WELL LOCATION A Chual of Charleston
 MAILING ADDRESS 3617 N 5th
 2. LOCATION E 7 1/4 Sec T 21 N 32 R 60 E Clark County
 PERMIT NO. DW 1092 HO-32-96-002 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 BT

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|--------------------|--------------|------|----|-----------|
| FILL TRASH | | 0 | 6 | 6 |
| Fine Sands + clays | | 6 | 11 | 5 |
| Fine-Coarse Sand | | 11 | 13 | 2 |
| Fine Sandy CLAYS | | 13 | 30 | 17 |

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

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>8</u> | <u>PUC</u> | <u>5/16</u> | <u>0</u> | <u>30</u> |

Perforations:
 Type perforation Slot
 Size perforation .032
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 30 feet

Date started 11-24-98, 1998
 Date completed 11-24, 1998

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 | | | |

9. WATER LEVEL
 Static water level 1 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 Bob
 Address 536 E Mainland
Ontario CA
 Nevada contractor's license number 31246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-16-98