

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. **18602**

1. OWNER **Timet Fueling Facility** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **800 Lake Mead Drive** **Henderson, Nevada** _____
 2. LOCATION **NE 1/4 NW 1/4 Sec. 12 T. 22 N. R. 62 E. Clark** County _____
 PERMIT NO. **178-13-101-004** Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silty coarse sand		0	47	
brown w/ minor gravel				
silty clay, brown, minor pebbles, clay, greenish		47	52	
clay as previously described, greenish white		52	57	
silty clay, brownish gray, slightly plastic		57	62	
clayey silt, brownish gray, slightly plastic		62	67	
MOIST				
clay as previously described		67	70	

8. WELL CONSTRUCTION
 Depth Drilled **70** Feet Depth Cased **50** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12** Inches To **0** Feet **70** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4			0	50

 Perforations:
 Type perforation **Sch 40 PVC**
 Size perforation **020**
 From **50** feet to **70** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **48**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **48** feet to **70** feet

Date started **3.25.99**, 19.99
 Date completed **3.26.19.99**

7. WELL TEST DATA

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

Received **MAY 24 10am**
 DIVISION OF WATER RESOURCES

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **THE VERDE COMPANIES** Contractor
 Address **301 WEST DEER VALLEY #7** Contractor
PHOENIX, AZ 85027
 Nevada contractor's license number **41809** issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **N267071**
 Signed **[Signature]** By driller performing actual drilling on site or contractor
 Date **4.25.99**