

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. 32249

1. OWNER JAB ADDRESS AT WELL LOCATION In LV Wash
 MAILING ADDRESS 3617 N 5th S. Bannock
 2. LOCATION S 2 1/4 Sec. 19 T 20 R 60 E Clark County
 PERMIT NO. AW 1092 B | 14032-696-001 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 Bucket

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|--------------------|--------------|------|----|-----------|
| Dirt & sand | | 0 | 3 | 3 |
| sand & gravel | | 3 | 7 | 4 |
| sandy clay | | 7 | 14 | 7 |
| silty clay w/ sand | | 14 | 30 | 16 |

Driller
 ED Dawson

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
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 | PVC | Sch 40 | 0 | 30 |

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

9. WATER LEVEL
 Static water level 0 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started 3-9-99, 19____
 Date completed 11/11, 19____

7. WELL TEST DATA

| 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 GDK Contractor
 Address 536 E. Mitland Contractor
ONATARIO 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 Cole
 By driller performing actual drilling on site or contractor
 Date 4-1-99