

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. 16562

1. OWNER Contri ADDRESS AT WELL LOCATION on broadcast
 MAILING ADDRESS LU NV W of Rebel Rd

2. LOCATION 1/4 1/4 Sec. 26 T. 21 N/S/R 62 E Clark County
 PERMIT NO. OW 1110 Parcel No. 141-26-202-005 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	Thick-ness
<u>Asphalt</u>				
<u>Topsoil & cobbles</u>		<u>0</u>	<u>3</u>	
<u>clay</u>		<u>3</u>	<u>15</u>	
<u>Sand & gravel</u>		<u>15</u>	<u>16</u>	
<u>consolidated sand & gravel</u>		<u>16</u>	<u>19</u>	
<u>clay</u>		<u>19</u>	<u>25</u>	
<u>course gravel</u>		<u>25</u>	<u>27</u>	
<u>clay</u>		<u>27</u>	<u>30</u>	

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 30 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation slit
 Size perforation 0.32
 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 12-8 1999
 Date completed 12-8 1999

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 _____ °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 CDC Contractor
 Address _____ Contractor
91761-3317

Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1948

Signed _____
 By driller performing actual drilling on site or contractor
 Date 12-8