

OFFICE USE ONLY
 Log No. 77964
 Permit No. _____
 Basin 212

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 _____
 MAILING ADDRESS 20 NV

2. LOCATION 1/4 26 T 21 N/S R 02 E Clark County
 PERMIT NO. 007110 161-26-202-005
Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|--------------------------|--------------|-----------|-----------|-----------|
| <u>Asphalt</u> | | <u>0</u> | <u>6"</u> | |
| <u>Fill</u> | | <u>6"</u> | <u>5</u> | |
| <u>Sandy Clay</u> | | <u>5</u> | <u>25</u> | |
| <u>gravel & sand</u> | | <u>25</u> | <u>30</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 30
24 Inches Feet 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>PVC</u> | <u>sch 40</u> | <u>0</u> | <u>30</u> |

Perforations:
 Type perforation slot
 Size perforation .032
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ 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: 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 1-8 2000, 19____
 Date completed 1-8 2000, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 GDC Contractor
 Address 91761 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 3246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 11968
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-8

