

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. 20312

1. OWNER Conf Construction ADDRESS AT WELL LOCATION 8800 Wagon Wheel Blvd Henderson NV
 MAILING ADDRESS 20312 N. 23rd St Henderson NV

2. LOCATION 1/4 Sec 23, T 21, N 32 E County Clark

PERMIT NO. DW111C Issued by Water Resources 14-16-512-107 Parcel No. 14-16-512-107 Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Total of 11</u>				
<u>Wells in this</u>				
<u>Parcel</u>				
<u>dry dirt to sand</u>		<u>0</u>	<u>4</u>	
<u>Sandy clays</u>		<u>4</u>	<u>18</u>	
<u>Sand gravel</u>		<u>18</u>	<u>20</u>	
<u>Clay</u>		<u>20</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 _____ 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 SKT
 Size perforation 0.32
 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:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 30 feet

Date started 1-10-0, 19____
 Date completed _____, 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)

9. WATER LEVEL
 Static water level 7 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 G.D.C.
 Address 536 E W.A. St. Henderson NV
 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 1968
 Signed _____
 By driller-performing actual drilling on site or contractor
 Date 1-10-0