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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 Contri Construction ADDRESS AT WELL LOCATION N. 22
 MAILING ADDRESS LN NV Tropicana Holly Wood

2. LOCATION $\frac{1}{4}$ 23 $\frac{1}{4}$ Sec. 21 T 21 N 62 E Clark County
 PERMIT NO. Dw1110 161-23-201-001 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. ~~Domestic~~ 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
Total 2-5 wells in this parcel				
Fill asphalt		0	3	
Coarse French Drain type Gravel		3	7	
Sandy Clay		7	22	
Sand gravel		22	27	
Blue Clay		27	30	

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

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 5/8"
 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

9. WATER LEVEL
 Static water level 5 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 Griffin DeWaters Contractor
 Address 536 E. Millard Contractor
Ontario 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 M1768
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-2-00

Date started 1-11-2000
 Date completed 1-11-2000

7. WELL TEST DATA

TEST METHOD:	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)