

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. 20312

1. OWNER Contri Construction ADDRESS AT WELL LOCATION N. 22 Tropicana Holly Wood
 MAILING ADDRESS LV NV

2. LOCATION $\frac{1}{4}$ 24 $\frac{1}{4}$ Sec. 23 T. 21 N. 62 E Clark County

PERMIT NO. Dw1110 Issued by Water Resources Parcel No. 161-23-201-001 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. Dewater PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Bucket

6. LITHOLOGIC LOG

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

HOLE DIAMETER (BIT SIZE)
 From 24 Inches 0 Feet 30 Feet
 To _____ 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 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. 5 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 Dewatering Contractor
 Address 536 E. Midland 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 M 1968
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-2-00

Material	Water Strata	From	To	Thick-ness
<u>Total of 8 wells in this Parcel</u>				
<u>Fill asphalt</u>		<u>0</u>	<u>3</u>	
<u>Coarse French Drain type Gravel</u>		<u>3</u>	<u>7</u>	
<u>Sandy Clays</u>		<u>7</u>	<u>22</u>	
<u>sandgravel</u>		<u>22</u>	<u>27</u>	
<u>Blue Clay</u>		<u>27</u>	<u>30</u>	

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

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)