

OFFICE USE ONLY
 Log No. **79101**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **28312**

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

1. OWNER **Contri Construction** ADDRESS AT WELL LOCATION **N. 2nd TRAMPANA**
 MAILING ADDRESS **LU NV** **Hollywood**

2. LOCATION $\frac{1}{4}$ Sec. **23** T. **21** S. R. **02** E County _____
 PERMIT NO. **DW 1110** Parcel No. **161-23-301-001** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other **Bucket**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| Total of 36 wells drilled in this parcel | | | | |
| Dry dirty sand | | 0 | 4 | |
| Sandy clay | | 4 | 23 | |
| Sand + gravel | | 23 | 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/Pt. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 | PVC | Sch 40 | 0 | 40 |

Perforations:
 Type perforation **Slot**
 Size perforation **.032**
 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:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 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 _____

Date started **1-13** 19 **00**
 Date completed _____ 19 _____

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 | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Gritfin Ostering** Contractor
 Address **536 E. WA. + land** Contractor
Ontario CA 91761
 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**