

OFFICE USE ONLY
 Log No. **30351**
 Permit No. _____
 Basin _____

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. **20330**

1. OWNER **Lake Mead Constructors** ADDRESS AT WELL LOCATION **243 B Lake Shore Drive**
 MAILING ADDRESS **L.V. NV**

2. LOCATION **1/4 NW 1/4 Sec 23 22 N R 64 E Clark** County
 PERMIT NO. **DW 1120** Issued by Water Resources Parcel No. **181-03-000-004** Subdivision Name _____

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

4. PROPOSED USE **Dewater** WELL TYPE
 Domestic Irrigation Test Cable Rotary PVC
 Municipal/Industrial Monitor Stock Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy Dirt w/ cobbles + some boulders		0	16	16
Med-Coarse Sand + Gravel		16	28	12
Sand + Gravel w/ clay lense		28	40	12
Total 26			10	

Temporary Dewatering wells on this Parcel

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **32** Inches **0** Feet To **28** Feet
24 Inches **28** Feet **40** 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	40

Perforations:
 Type perforation **slot**
 Size perforation **.030**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From **10** feet to **40** 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 **40** feet

9. WATER LEVEL
 Static water level **12** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **6-28**, 19**80**
 Date completed **7-10**, 19**80**

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 **Griffin Dewatering Corp** Contractor
 Address **536 E. Mitchell** Contractor
Outria LA
 Nevada contractor's license number issued by the State Contractor's Board **0031246**
 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 **7-15-80**