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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. 20671
 INTERSTATE 15 FROM

1. OWNER STATE OF NEVADA DEPT. OF TRANSPOR ADDRESS AT WELL LOCATION
 MAILING ADDRESS 1263 S. STEWART STREET SAHARA AVE. (SR589) TO CHARLESTON BLVD (SR159)
 CARSON CITY, NV 89712 CONTRACT #3003 9 Wells CLARK
 2. LOCATION NE 1/4 NE 1/4 Sec. 8 T 21 N/S R. 61 E County
 PERMIT NO. DW1118 162-04-401-001-003 Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
9 Dewater wells				
North side				
Aluvium		0'	8'	
Red west sandy clay	X	8'	30'	

8. WELL CONSTRUCTION
 Depth Drilled 30' Feet Depth Cased 30' Feet
 HOLE DIAMETER (BIT SIZE)
 From 24" Inches 0' Feet 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)
14"	36.71	1.250	0	30

Perforations: Machine
 Type perforation 1/4" x 2 1/2" x 21
 Size perforation 30
 From feet to feet
 From feet to feet
 From feet to 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 30
 From feet to feet

9. WATER LEVEL
 Static water level 12 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 ALLEN DRILLING INC. Contractor
 Address 4847 S. VALLEY VIEW Contractor
 LAS VEGAS, NV 89103
 Nevada contractor's license number 18917
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1376
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7/31/00

Date started 6/15
 Date completed 7/21

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			