

PRINT OR TYPE ONLY
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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. **20331**

1. OWNER **Morrison Anderson** ADDRESS AT WELL LOCATION **in LV Wash**
MAILING ADDRESS **LV, NV**

2. LOCATION **1/4 SW 1/4 Sec 29 T. 21 N. R. 62 E Clark** County
PERMIT NO. **NW 1121** Issued by Water Resources Parcel No. **160-29-361-091** Subdivision Name _____

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

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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| Fill Dirt | | 0 | 3 | |
| Coarse Sand and gravel | | 3 | 13 | |
| Coarse Sand + gravel w/ cobbles & boulders | | 13 | 20 | |
| AUG 17 2007 | | | | |

8. WELL CONSTRUCTION
Depth Drilled **20** Feet Depth Cased **20** Feet

HOLE DIAMETER (BIT SIZE)
From **32** Inches To **20** Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 14 | | Steel | 0 | 20 |

Perforations:
Type perforation **101**
Size perforation _____
From _____ feet to _____ feet
From **0** feet to **20** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From **0** feet to **20** feet

Date started **8-1** 19_____
Date completed **8-7** 19_____
27 well in this parcel

7. WELL TEST DATA

| 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) | |
| | | | |
| | | | |

9. WATER LEVEL
Static water level **3** 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. **(I)**

Name **GDC** Contractor
Address **536 E. Mitchell Ontario CA** Contractor
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 **111968**
Signed **[Signature]**
By driller performing actual drilling on site or contractor
Date **8-14**