

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. **20331**

1. OWNER **Morrison Knudsen** 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. **160-29-301-001** Issued by Water Resources Parcel No. _____ 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	

27 well in this parcel

AUG 17 2009

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:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **0** feet to **20** feet

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**
 Address **536 E. Highland 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 **M1968**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **8-14**

Date started **8-1**, 19_____
 Date completed **8-7**, 19_____

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)	