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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 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. **NSO 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**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 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 **10/1**
 Size perforation _____
 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 **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** Contractor
 Address **536 E Whitland 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 **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: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)