

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. NS 1121 160-29-361-091 Issued by Water Resources Parcel No. 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.
<u>Fill Dirt</u>		<u>0</u>	<u>3</u>	
<u>Coarse Sand and gravel</u>		<u>3</u>	<u>13</u>	
<u>Coarse Sand + gravel w/ cobbles + boulders</u>		<u>13</u>	<u>20</u>	
<u>27 well in this parcel</u>				
<u>AUG 17 2007</u>				

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
Inches Feet Feet

CASING SCHEDULE

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

Perforations:
Type perforation 101
Size perforation _____
From _____ feet to _____ 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

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. Mainland Contractor
Ontario CA
Nevada contractor's license number 31246
issued by the State Contractor's Board
Nevada driller's license number issued by the M1968
Division of Water Resources the on-site driller
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)