

OFFICE USE ONLY
Log No. 80895
Permit No. _____
Basin 212

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. 21-21

1. OWNER CAS VEGAS PAUING ADDRESS AT WELL LOCATION END OF SUNSET Rd & CAS VEGAS WASH
MAILING ADDRESS 4420 S. DeCATUR LAS VEGAS, NV 89103
2. LOCATION S 1/2 S 1/2 Sec. 30 T 21 N/S R 63 E CLACK County
PERMIT NO. DW 110 Issued by Water Resources Parcel No. 160-30-003 Subdivision Name _____

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

4. PROPOSED USE Domestic
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other well point

6. 200 well points LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----------|------------|
| Set up Boom Truck And pulled Appx 300 well points - AS per STATE OF NEVADA DIVISION OF WATER Resources Requirement | | 0 | 20' Appx | |
| Pulled out and Holes CAVED IN And repaired well points - removed And supplied MAT Consisted OF River Sand & Gravel. Holes were 17' to 20' Right IN middle OF River, water @ 4' | | | | |

8. WELL CONSTRUCTION
Depth Drilled 20 Feet Depth Cased 17'-20' Feet

HOLE DIAMETER (BIT SIZE)
From 2 Inches 0 Feet 20 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|--------------------|-----------|
| <u>2"</u> | <u>pvc</u> | <u>Sch 40</u> | <u>well points</u> | |

Perforations:
Type perforation Factory Perf well points
Size perforation 20'
From 20' feet to 18' feet
From _____ feet to _____ feet

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

9. WATER LEVEL
Static water level 4 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cool °F Quality Good

Date started 7-24-00 19____
Date completed 7-28-00 19____

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 | | | |
| <u>Abandonment</u> | | | |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Foothill Eng & Contractors Contractor
Address 905 E. Third St Contractor
Corona, CA 91717
Nevada contractor's license number issued by the State Contractor's Board 0035906
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M 2119
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7-24-00