

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. 20316
 IN L.V. WASH

1. OWNER MORRISON/KNUDSEN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS L.V. NV

2. LOCATION SW 29 T 22 N 62 E CLARK County
 PERMIT NO. DN 1121 Issued by Water Resources Parcel No. 160-29-301-00 Subdivision Name _____

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

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>PULL 22</u>				
<u>WELL CASING</u>				
<u>BACK FILL W/</u>				
<u>WASH/RIVOR</u>				
<u>GRAVEL</u>				
<u>(Flack Plans)</u>				

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

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>				

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

9. WATER LEVEL
 Static water level _____ 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.

Name GRIFFIN DEWATERING Contractor
 Address 536 E. MATTAWA Contractor
ONTARIO CA. 3
 Nevada contractor's license number 31246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the ABDS-2150
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-20-00

Date started 9-20-2000
 Date completed 9-20-2000

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			

