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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. 20315

1. OWNER Contri Const. ADDRESS AT WELL LOCATION On Pecos S + W of Sunset
 MAILING ADDRESS LV NV
 2. LOCATION 1/4 31 21 N/S 62 E Clark County
 PERMIT NO. DW-1177 Issued by Water Resources Parcel No. 161-31410-001 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. De-water 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	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>8"</u>	
<u>Type 2</u>		<u>8"</u>	<u>3'</u>	
<u>Clay w/ sand</u>		<u>3</u>	<u>13</u>	
<u>Silty sand w/ clay lens</u>		<u>13</u>	<u>17</u>	
<u>Clay</u>		<u>17</u>	<u>23</u>	
<u>Silty sand w/ clay</u>		<u>23</u>	<u>37</u>	
<u>Clay</u>		<u>37</u>	<u>40</u>	

23' Temp. De-watering wells in this parcel

8. WELL CONSTRUCTION

Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>40</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>PUC</u>	<u>5/8</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation slot
 Size perforation 0.030
 From _____ feet to _____ feet
 From 10 feet to 40 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 40 feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-7-0
 Date completed 9-18-0

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Griffin De-watering
 Address 536 E. Whitland
Ontario CA
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968
 Signed _____
 Date 9-19-0

