

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. 20486

1. OWNER Bob DeNinno ADDRESS AT WELL LOCATION 1600 N Decatur
 MAILING ADDRESS 10220 Greenburg T-Flour store
Rel Portland OR 97223
 2. LOCATION SW 1/4 SW 1/4 Sec 28 T 28 N/S R 61 E M.D.S.N. Clark County
 PERMIT NO. 139-19-431-004 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other HSD

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------------|--------------|------|----|------------|
| Asphalt 3" | | | | |
| Sand little gravel | | | | |
| Clayey sand | | | | |
| Clay silt | | | | |
| fine gravel | | | | |
| Caliche damp hard wet | | 13 | 15 | |
| Clayey clay silt | | 17 | 19 | |
| Gravel sand | | | | |
| Sandy clay wet | | | | |
| fine gravel | | | | |
| Caliche TD 37' | | 34 | 37 | |

8. WELL CONSTRUCTION
 Depth Drilled 37 Feet Depth Cased 35/5' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet 37 Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2 | | | 37 | 0 |
| 4 | | | 15 | 0 |

Perforations:
 Type perforation SL 40 PVC
 Size perforation 1/2"
 From 37 feet to 35 feet
 From 15 feet to 5 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 34 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 37 2'-4'-15' feet to 34'-2'-4'-3' 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 THE Drilling Contractor
 Address 9431 Resend wa Contractor
Fontana CA 92335
 Nevada contractor's license number 0045249
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 14-174751
 Division of Water Resources, the on-site driller.
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 5-25-00

Date started 4/20/00 19____
 Date completed 4/25/00 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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |