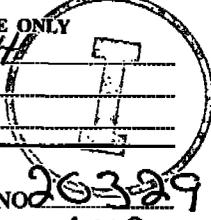


OFFICE USE ONLY
 Log No. 8164
 Permit No. _____
 Basin 212



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. 20329

1. OWNER Contri. Const. ADDRESS AT WELL LOCATION On 620 Ave from Frank to Lucerne
 MAILING ADDRESS LU NV

2. LOCATION 1/4 Sec. 5 T. 21 N/S R. 62 E County _____
 PERMIT NO. NW 1116 Issued by Water Resources Parcel No. 161-05-510-070 to 073 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
VACUUM TOP 10 FEET				
CAP W/ GROUT				
18 wells				
TOTAL				
161-05-510-073 - 9 wells				
161-05-510-072 - 9 wells				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
24 Inches From 0 Feet To 10 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

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 0-10
 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. Main St. 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 M 1968
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 11-28-00

Date started 11-28, 19____
 Date completed 11-28, 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			

