

OFFICE USE ONLY
 Log No. 81237
 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. 21612

1. OWNER PSS Decatur LLC ADDRESS AT WELL LOCATION 4840 S. Decatur
 MAILING ADDRESS 5166 S. Rogers St Las Vegas, NV 89118 Las Vegas, NV
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T. 21 N. R. 61 E. Clark County
 PERMIT NO. 162-19-401-011 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>SILTY SAND</u>		<u>0</u>	<u>7</u>	<u>7</u>
<u>SILTY CLAY</u>		<u>7</u>	<u>18</u>	<u>11</u>
<u>SILT</u>		<u>18</u>	<u>25</u>	<u>7</u>
<u>Caliche</u>		<u>25</u>	<u>28</u>	<u>3</u>
<u>Sandy clayey SILT</u>		<u>28</u>	<u>45</u>	<u>17</u>

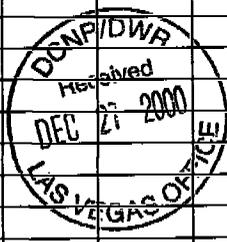
8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 42 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6.5 Inches To 42 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>Schedule 40</u>				

Perforations:
 Type perforation stooled
 Size perforation 0.020
 From 32 feet to 42 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

* Well was abandoned by removing/pulling the casing & backfilling w/ a concrete grout.



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

9. WATER LEVEL
 Static water level 35 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started Nov 16 2000
 Date completed Nov 16 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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Western Technologies Contractor
 Address 3611 W. Tompkins Contractor
Las Vegas, NV 89103
 Nevada contractor's license number M-1761
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller
 Signed Durga Opl
 By driller performing actual drilling on site or contractor
 Date 12/10/00

