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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. 20958

1. OWNER Contri Const. ADDRESS AT WELL LOCATION ON Colo. Ave
 MAILING ADDRESS LS Vegas EAST OF LAMB.

2. LOCATION NW 1/4 NW 1/4 Sec. 5 T. 21 N. 62 E Clark County
 PERMIT NO. DW1116 Issued by Water Resources Parcel No. 161-64-219-000 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other D/W
 4. 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>Sand/Clay Mx</u>	<u>10</u>	<u>0</u>	<u>10</u>	
<u>Sub Sand</u>	10	10	<u>25</u>	
<u>Clay/Gravel Mx w/ Sand</u>	10	<u>25</u>	<u>45</u>	

8. WELL CONSTRUCTION
 Depth Drilled 45 Feet Depth Cased 45 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24" Inches 0 Feet 45 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>45</u>

Perforations:
 Type perforation Slot
 Size perforation 10 feet to 45 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 45 feet

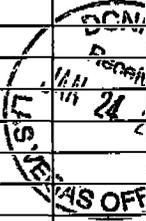
9. WATER LEVEL
 Static water level 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Glenn Quatman Contractor
 Address 501 E. Mainland Ontario Ca 91761 Contractor
 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 ABDS-2150
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-8-01

Date started 1-8-01
 Date completed 1-8-01

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			



1 well