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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. 20328

1. OWNER Centri Const. ADDRESS AT WELL LOCATION On Clive St. West of Mexon
 MAILING ADDRESS LV. NV.

2. LOCATION N. & NE 1/4 Sec. 6 T. 21 N. R. 62 E. Clark County
 PERMIT NO. DW 1116 Parcel No. 161-06-50-001 two 042 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
18 wells in these parcel areas				
fill		0	3	
Sandy Clay		3	13	
Clay w/ silt		13	23	
Sandy Clays w/ some gravel trace		23	35	
		14		

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	sch 40	0	35

Perforations:
 Type perforation slot
 Size perforation .030
 From 5 feet to 35 feet
 From 5 feet to 35 feet
 From 5 feet to 35 feet
 From 5 feet to 35 feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 35 feet

9. WATER LEVEL
 Static water level 8 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 Clinton Dowaterino Contractor
 Address 536 E. Mainland Contractor
Ontario CA
 Nevada contractor's license number 31246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the M1968
 Division of Water Resources, the on-site driller:
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-14-01

Date started 3-7-01 19_____
 Date completed 3-14-01 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			