

OFFICE USE ONLY  
 Log No. 84833  
 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. 22704  
2875 E CHARLESTON  
BLVD  
LAS VEGAS NV

1. OWNER LOWES HIW INC ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 1530 FARADAY AVE # 140  
CARLSBAD CA 92008

2. LOCATION NW 1/4 NE 1/4 Sec 1 T 21 N/S R 61 E Clark County  
 PERMIT NO. 162 01 102 003 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	Thick-ness
<u>5 TEMPORARY WELLS</u>				
<u>PULL CASING &amp; SCREEN</u>				
<u>TREATMENT FROM 15.50</u>				
<u>UP TO SURFACE - INSTALL WITH PORTLAND</u>				
<u>INSTALL CEMENT CAP.</u>				
01 SEP 10 PM 12:01 01 SEP 10 PM 12:01				

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)  
 From 8 Inches 0 Feet 15.5 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SCH 40</u>	<u>0</u>	<u>15.50</u>

Perforations:  
 Type perforation FACTORY  
 Size perforation .020  
 From 15.0 feet to 10.0 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 12.5 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 60.0 °F Quality \_\_\_\_\_

Date started 8-15 2001 19\_\_\_\_  
 Date completed 8-15 2001 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name EMAGIE DRILLING LLC Contractor  
 Address 7150 PLACER RD  
LAS VEGAS NV 89119 Contractor  
 Nevada contractor's license number 51266  
 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the M 2173  
 Division of Water Resources, the on-site driller.  
 Signed Willis Rojas  
 By driller performing actual drilling on site or contractor  
 Date 8/7/01