

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. 21733

1. OWNER Lucas Paving ADDRESS AT WELL LOCATION FLAMINGO WASH - WEST TO MOJAVE
 MAILING ADDRESS 4120 S. DEKATOR LV NV

2. LOCATION SE 1/4 NW 1/4 Sec 7 T 21 N R 62 E CLATKIE County
 PERMIT NO. DW1138 Parcel No. 161-07-296-001 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE Dewater WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other BUCKET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>REMOVE CASING FROM 5 WELLS</u>				
<u>VACUUM WELL PACK OUT - 10'</u>				
<u>FROM WORKING SURFACE -</u>				
<u>SEAL W/ CEMENT GROUT FROM</u>				
<u>10' TO WORKING SURFACE IN</u>				
<u>5 WELLS</u>				

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25' Feet
 HOLE DIAMETER (BIT SIZE)
 From 24" Inches To 0 Feet 25 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>25</u>

Perforations:
 Type perforation Slot
 Size perforation .030
 From 5 feet to 25 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10' FROM WORKING SURFACE Neat Cement Cement Grout Concrete Grout
 Placement Method: Pumped Poured

Gravel Packed: Yes No VACUUMED OUT SURFACE
 From (0) feet to (25) feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °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 E. Griffin Dewatering Contractor
 Address 536 E. Montland Ontario Ca. 91761 Contractor
 Nevada contractor's license number 0031246 issued by the State Contractor's Board.
 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 1-17-02

Date started 1-17
 Date completed 1-17

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			