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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. 21733

1. OWNER LVegas Paving ADDRESS AT WELL LOCATION FLAMINGO WASH-
WEST TO MOJAVE
 MAILING ADDRESS 4120 S. DECATOR
LV NV
 2. LOCATION SE 1/4 NW 1/4 Sec. 7 T. 21 N. R. 62 E. CLATKE 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
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 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
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No VACUUMED OUT SURFACE
 From (0) feet to (25) feet to 10' 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 GRIFFIN DEWATERING Contractor
 Address 536 E. Houtland
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 ABDS-2150
 Division of Water Resources, the on-site driller
 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:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

