

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 810872
Permit No. 212
Basin 25528

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 4444

1. OWNER UNION CORPORATION

ADDRESS AT WELL LOCATION

MAILING ADDRESS 376 W. VALENCIA
Rosa Dr. 92823

376 W. Charleston Blvd
Las Vegas Nevada

2. LOCATION SU 1/4 SE 1/4 Sec 36 T 20 N R 60 E Clark County

UNCLAS 4468 Subdivision Name

PERMIT NO. E-1107

138 34 408 C01 Parcel No.

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Other Other

LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SILT		2	3	3
CLAY		3	5	2
SILT		5	7	2
CLAY		7	15	8
CLAY/gravel		15	35	20
CLAY/gravel		35	40	5
CLAY/gravel		40	42	2
CLAY/gravel		42	48	6

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ 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 TUE DEVLIN
Contractor
Address 2420 S 16th Ave
Contractor
Phoenia Az 85807

Nevada contractor's license number COUS844
Nevada driller's license number issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2183
Signed [Signature]
By driller performing actual drilling on site or contractor

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____

Date started 18 March 02
Date completed 20 March 02