

OFFICE USE ONLY
 Log No. 91160
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 99416

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

1. OWNER Conti Const. ADDRESS AT WELL LOCATION Magic Way - Las Vegas Wash
 MAILING ADDRESS P.O. Box 97739
Las Vegas, NV 89193
 2. LOCATION NE 1/4 NE 1/4 Sec. 28 T. 21 N. R. 63 E Clark County
 PERMIT NO. 160-28-510-006 DW-1166 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE Temp Dewatering WELL TYPE
 Domestic Irrigation Test Cable Rotary PVC
 Municipal/Industrial Monitor Stock Air Other Ductlet Pipe

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sandy clay</u>	<u>●</u>	<u>0</u>	<u>9</u>	
<u>Sands + Gravel</u>		<u>9</u>	<u>14</u>	
<u>Silty clays</u>		<u>14</u>	<u>21</u>	
<u>Silt, Sands</u>		<u>21</u>	<u>25</u>	

well # 2-5
same as #1

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 25
94 Inches Feet
 Inches Feet
 Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>Sec-40</u>	<u>0</u>	<u>5</u>

Perforations:
 Type perforation Saw Cut
 Size perforation .032
 From 5 feet to 25 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 0 feet to 25 feet

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature 60.1 °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 Chris Dewatering Contractor
 Address 536 E. Main St. Ontario CA 91761 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0031246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1985
 Signed _____ By driller performing actual drilling on site or contractor
 Date 9-15-03

Date started 9-15-03, 19____
 Date completed 9-15-03, 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)	

DCNR/DWR
 RECEIVED
 SEP 19 2003
 LAS VEGAS OFFICE