

OFFICE USE ONLY
 Log No. 91178
 Permit No. _____
 Basin 21a
 NOTICE OF INTENT NO. 47416

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 Contri. Const. ADDRESS AT WELL LOCATION Magic Way - Las Vegas Wash
 MAILING ADDRESS P.O. Box 57739 Las Vegas, NV 89193
 2. LOCATION NE 1/4 NE 1/4 Sec 28 T. 21 N. R. 63 E Clark County
 PERMIT NO. DW-1166 Parcel No. NO-28-510-006 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE Femp Dewatering WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Bucket Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy Clay</u>		<u>0</u>	<u>8'</u>	
<u>Sand with silt lenses</u>		<u>8</u>	<u>21</u>	
<u>Stiff Silty Sands</u>		<u>21</u>	<u>27</u>	
<u>well graded Sand with Gravels</u>		<u>27</u>	<u>33</u>	
<u>Silty Sands and Gravels</u>		<u>33</u>	<u>37</u>	
<u>Clay with pebbles</u>		<u>37</u>	<u>40</u>	
DCNR/DWR RECEIVED SEP 19 2003 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 40' Feet Depth Cased 40' Feet
 HOLE DIAMETER (BIT SIZE)
 From 24" Inches To 46" Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ 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>20'</u>

 Perforations:
 Type perforation Saw Cut
 Size perforation 1.032
 From 21 feet to 40' 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 0 feet to 40' feet

9. WATER LEVEL
 Static water level 7' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality _____

Date started 8-29-03 19____
 Date completed 8-29-03 19____

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Graph Dewatering
 Address 536 E. Main and St. Ontario CA 91761
 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 _____
 Date 8-29-03