3 wells.

WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

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. 91266
Permit No.
Basin 212

NOTICE OF INTENT NO. 252626

1. OWNER Raymond G. Voss
MAILING ADDRESS 4 Centerpointe Dr.
La Palma, CA

ADDRESS AT WELL LOCATION 333 E Charleston Blvd.
Las Vegas NV

2. LOCATION SW ¼ SW ¼ Sec. 34 T. 20 N/S R. 61 E. Clark County

PERMIT NO. (Issued by Water Resources) | Parcel No. 139-34-410-137 | Subdivision Name

3. WORK PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☐ Other

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Type II fill		00	2.5	2.5
clay w/sand		2.5	8.0	5.5
clay w/silt		8.0	12.5	4.5
clay w/sand		12.5	20.0	7.5
clay + sand w/gravel		20.0	25.0	5.0

DCNR/DWR
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DEC 08 2003
LAS VEGAS OFFICE

Date started 9/29, 2003
Date completed 9/29, 2003

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

		From	To
11 1/2 Inches		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)
4.250		Sch 40 PVC	00	25.0

Perforations:
Type perforation Machine slotted
Size perforation .020
From 25.0 feet to 5.0 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 1
Placement Method: ☐ Pumped ☒ Poured

Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☒ Yes ☐ No
From 25 feet to 3 feet

9. WATER LEVEL
Static water level 13 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 (Contractor) Eagle Drilling
Address (Contractor) 7650 Placid St.
Las Vegas, NV 89119

Nevada contractor's license number issued by the State Contractor's Board 51266

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2202

Signed ____ (By driller performing actual drilling on site or contractor)

Date 12/8/03

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627