

OFFICE USE ONLY
 Log No. 91353
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 922650

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 Negas Valley + Hollywood
 MAILING ADDRESS 1720 E. Lake Mead Dr. Henderson, NV
 2. LOCATION NW 1/4 SW 1/4 Sec. 14 T. 21 N. R. 62 E County _____
 PERMIT NO. 0W 1170 Issued by Water Resources Parcel No. 161-14-399-001 Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
well #1 Dry Clays + Silts		0	15'	
Silty Sands		15'	18'	
Silty Clays		18'	25'	
Clay		25'	35'	
well #2 - Same as #1				
well #3 - Same as #1				
well #4 - Same as #1				
well #5 - Same as #1				
well #6 - Same as #1				
well #7 - Same as #1				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER: (BIT SIZE)
 From 24 Inches To 35 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6"</u>	<u>PVC</u>	<u>Sch-40</u>	<u>0</u>	<u>15</u>

Perforations:
 Type perforation Saw cut
 Size perforation .032
 From 15 feet to 35' 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 35' feet

9. WATER LEVEL
 Static water level 17' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality Good

Date started 10-25 2003
 Date completed 10-29 2003

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 Griffin Dewatering Contractor
 Address 576 E. Maitland 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-19-85
 Signed _____
 By driller performing actual drilling on site or contractor
 Date _____