

OFFICE USE ONLY
Log No. 91355
Permit No. _____
Basin 212
NOTICE OF INTENT NO. 22650

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 Regas 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 Pipe

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>11# Dry Clays + Silty</u>		<u>0</u>	<u>15'</u>	
<u>Silty Sands</u>		<u>12'</u>	<u>18'</u>	
<u>Silty clays</u>		<u>18'</u>	<u>25'</u>	
<u>Clay</u>		<u>25'</u>	<u>35'</u>	
<u>well # 2 - Same as #1</u>				
<u>well # 3 - Same as #1</u>				
<u>well # 4 - Same as #1</u>				
<u>well # 5 - Same as #1</u>				
<u>well # 6 - Same as #1</u>				
<u>well # 7 - Same as #1</u>				

8. WELL CONSTRUCTION
Depth Drilled 35 Feet Depth Cased 35 Feet
HOLE DIAMETER (BIT SIZE)
From 0 Feet To 35 Feet
24 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 10-29, 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 _____