

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 92650

1. OWNER Cont'l Const. ADDRESS AT WELL LOCATION Vegas Valley & Hollywood Henderson, NV
 MAILING ADDRESS 1720 Lake Mead Dr. Henderson, NV
 2. LOCATION N10 1/4 SW 1/4 Sec. 14 T. 21 N. R. 62 E County _____
 PERMIT NO. DW-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. Power
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Bucket Aug

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>1 Dry Clays & Silts</u>		<u>0</u>	<u>17</u>	
<u>Silt, Sands</u>		<u>17</u>	<u>20</u>	
<u>Silt, Clays & Sands</u>		<u>20</u>	<u>28</u>	
<u>Clay</u>		<u>28</u>	<u>35</u>	
<u>2 - Same</u>				
<u>3 - Same</u>				
<u>4 - Same</u>				
<u>5 - Same</u>				
<u>6 - Same</u>				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
24" From 0 To 35
 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 1.032
 From 15 feet to 35 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 19 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality Good

Date started 10-31- 2003
 Date completed 10-31- 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 Pr. R. H. Dewateig Contractor
 Address 536 E. Main St. Ontario CA 91761
 Nevada contractor's license number issued by the State Contractor's Board 0031244
 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 _____