

OFFICE USE ONLY
 Log No. 91370
 Permit No. T
 Basin 212
 NOTICE OF INTENT-NO. 49416

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 Center Coast ADDRESS AT WELL LOCATION Magie Way & Las Vegas Wash
 MAILING ADDRESS P.O. Box 97733
Las Vegas, NV 89193
 2. LOCATION NE 1/4 NE 1/4 Sec. 28 T. 215 N. R. 63 E Clark County
 PERMIT NO.: DW-1166 Issued by Water Resources Parcel No. 160-28-510-006 Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>6</u>	
<u>Sands & Gravel</u>		<u>6</u>	<u>13</u>	
<u>Silty Clays</u>		<u>13</u>	<u>18</u>	
<u>Sands & Gravel</u>		<u>18</u>	<u>30</u>	
<u>Silty Sands with Gravel</u>		<u>30</u>	<u>35</u>	

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>See 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
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 35 feet

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. F.S.L.
 Water temperature Coal °F Quality Good

Date started 9-25-03, 20 _____
 Date completed 9-25-03, 20 _____

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 536 E. Mainland St. Contractor
Ontario CA 91761
 Nevada contractor's license number issued by the State Contractor's Board 0031946
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1985
 Signed _____
 By either performing actual drilling on site or contractor
 Date 9-25-03