

OFFICE USE ONLY
 Log No. 92877
 Permit No. _____
 Basin 104

53390

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. 53390
 ADDRESS AT WELL LOCATION North of SD Hwy on Loupa (westside) to North Ridge

1. OWNER Las Vegas Paving
 MAILING ADDRESS 4420 S. Decatur Las Vegas NV

2. LOCATION SW 1/4 2W 1/4 Sec. 09 T. 15 N. S. R. 20 Carson City, NV
 PERMIT NO. DEW-43 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE Temp Dewat
 Domestic Irrigation Test Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC Air Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ABANDON (8) WELLS</u>				
<u>PULL casing</u>				
<u>Loose Gravel</u>		<u>10'</u>	<u>Surface</u>	
<u>Cement Grout Seal</u>		<u>10'</u>	<u>Surface</u>	

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8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 inches 40 Feet
 _____ inches _____ Feet
 _____ inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8"</u>	<u>ASTM</u>	<u>F-480</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Slot
 Size perforation .032
 From 20 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 10' FROM SURFACE
 Placement Method: Pumped Grout Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From 10 feet to 40 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 Griffin D. WATERMAN Contractor
 Address 500 E. Mainland Ontario Ca 90704
 Nevada contractor's license number 31246 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. ABD4-2150
 Signed Ed Drimmer
 By driller performing actual drilling on site or contractor
 Date 3-5-04

Date started 3-5-
 Date completed 3-5-

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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