

SVE-6

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 100862
Permit No. 222
Basin. 222

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

NOTICE OF INTENT NO. 29294

1. OWNER M.A. Burns ADDRESS AT WELL LOCATION 450 W. Mesquite Blvd Mesquite NV
MAILING ADDRESS 18001 Old Cutler Rd Miami FL 33157
2. LOCATION NW 1/4 SE 1/4 Sec 17 T. 13 N/S R. 31 E. CLARK County
PERMIT NO. 001177014 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------|--------------|------|------|------------|
| Fill | | 0 | 3 | 3 |
| Silty Clay | | 3 | 11.5 | 8.5 |
| FINE SAND | | 11.5 | 16.5 | 5.0 |
| Silty Clay | | 16.5 | 25 | 8.5 |

DON/DWR RECEIVED
SEP 25 2006
LAS VEGAS OFFICE

8. WELL CONSTRUCTION
Depth Drilled 25' Feet Depth Cased 24' Feet
HOLE DIAMETER (BIT SIZE)
From 10" Inches To 0 Feet 25' Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4"</u> | | <u>sch 40</u> | <u>0</u> | <u>6</u> |

Perforations:
Type perforation machine slot
Size perforation 0.10
From 6.0 feet to 24.0 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 5
Placement Method: Pumped Poured
Gravel Packed: Yes No
From 5.0 feet to 24' feet

9. WATER LEVEL
Static water level 16.5 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 8/22/06, 20
Date completed 8/22/06, 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. CASCADE WELLING
Name Shawn E. Mason Contractor
Address 555 S. Harbor Blvd La Habra CA 90631 Contractor
Nevada contractor's license number issued by the State Contractor's Board 51207
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1908
Signed _____ By driller performing actual drilling on site or contractor
Date _____