

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 114539
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **36003**

1. OWNER **ATI SERVICE LLC** ADDRESS AT WELL LOCATION **1685 PALM STREET**
 MAILING ADDRESS **301 N Lake St. #600** **LAS VEGAS, NV 89104**
Pasadena, CA 91101

2. LOCATION **SE 1/4 NE 1/4 Sec 01 T 21 S R 61 E** **CLARK** County
 PERMIT NO. **R-1533** **162-01-602-015**
 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silt		0	9	9
Silt, sand, rock	x	9	11	2
Silty clay		11	25	14
Bentonite seal 3' to 1'				
DCNR/DWR RECEIVED				
OCT 19 2011				
LAS VEGAS OFFICE				
PW2				
WGS84				
N36 9' 10.43"				
W115 6' 04.29"				

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **25** Feet
 HOLE DIAMETER (BIT SIZE)
 From **36** 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)
6		sch 40	0	25

Perforations:
 Type perforation **Machine**
 Size perforation **.010**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **1'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **3** feet to **25** feet

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

Date started **9/22**, 20 **11**
 Date completed **9/23**, 20 **11**

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **ALLEN DRILLING INC.**
 (CONTRACTOR)
 Address **4015 WEST TOMPKINS AVE.**
 (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231-Victor Estes**
 Signed *Victor Estes*
 By driller performing actual drilling on site or contractor
 Date **October 10, 2011**