

OFFICE USE ONLY
 Log No. 40936
 Permit No. _____
 Basin. 212

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. 23652

1. OWNER LAS VEGAS PAVING ADDRESS AT WELL LOCATION MOUNTAIN VISTA
 MAILING ADDRESS N LV 3401 N 5TH ST
 2. LOCATION 1/4 Sec. 29 T 21 N 62 E Clark County
 PERMIT NO. DW1010 Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--------------|--------------|------|----|------------|
| ROAD BED | | 0 | 5 | 5 |
| Black Soil | | 5 | 8 | 3 |
| CLAY w/ Sand | | 8 | 25 | 17 |
| White Clay | | 25 | 35 | 10 |
| Red Clay | | 35 | 40 | 5 |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
24" From 0 To 40
 Inches Feet 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>12"</u> | | | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation Saw Cut
 Size perforation .040
 From 20 feet to 40 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 40 feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3-25, 1993
 Date completed 3-25, 1993

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 FOOT Hills Engr. Contractor
 Address 905 E 320 ST Contractor
Corona Cal.
 Nevada contractor's license number _____ issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1567
 Signed Chad W Sewell
 By driller performing actual drilling on site or contractor
 Date 3-25