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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. 18511

1. OWNER Sundt ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2950 E Flamingo
Suite E8 UNV 89121
 2. LOCATION S40 1/4 - 1/4 Sec. 15 T 21 N34 R 62 E Clark County
 PERMIT NO. NW 1060 Issued by Water Resources Parcel No. 161-18-499-005 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE dewater
 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 |
|-----------------------|--------------|------|----|------------|
| Asphalt | | 0 | 6" | 6" |
| Fill | | 6" | 3" | 3" |
| Clay | | 3 | 15 | 12 |
| Sand & gravel w/ clay | | 15 | 19 | 4 |
| Sandy clay | | 19 | 40 | 21 |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 40 Feet
 _____ Inches _____ 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>4</u> | <u>PLX</u> | <u>5/16</u> | <u>0</u> | <u>40</u> |

Perforations:
 Type perforation slot
 Size perforation .003
 From 10 feet to 40 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 40 feet

9. WATER LEVEL
 Static water level 15 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature cool °F Quality good

Date started 8-21-96
 Date completed 12-5-96

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 G.C.D. Contractor
 Address 536 E Mainland
Ontario CA
 Nevada contractor's license number 0031246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 11-1968
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-30-96