

OFFICE USE ONLY
 Log No. 70460
 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. 16558

1. OWNER LUP ADDRESS AT WELL LOCATION On Mt. Vista S.D. TWIN
 MAILING ADDRESS 4200 S Decatur
16 NV
 2. LOCATION SE 1/4 NE 1/4 Sec 17 T. 21 N. R. 60 E. CLK County
 PERMIT NO. DW 1878 Issued by Water Resources Parcel No. 16-18-602-501 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 Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Sandy Dirt</u>		<u>3</u>	<u>8</u>	<u>5</u>
<u>Silty sand w/ Max loose</u>		<u>8</u>	<u>24</u>	<u>16</u>
<u>Clay w/ Silty loam</u>		<u>24</u>	<u>40</u>	<u>16</u>

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet 40 Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>POC</u>	<u>5ch</u>	<u>0</u>	<u>40</u>

 Perforations:
 Type perforation Slot
 Size perforation .003
 From _____ feet to _____ feet
 From 20 feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to 40 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 16 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool °F Quality Good

Date started 2-9-95 19____
 Date completed 2-9-95 19____

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 CDL
 Address 536 E. Main St
Orlando FL
 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 MA965
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 2-19-98