

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

OFFICE USE ONLY
 Log No. **76156**
 Permit No. _____
 Basin **212**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **32249**

1. OWNER **TAB** ADDRESS AT WELL LOCATION **In LV WASH**
 MAILING ADDRESS **3617 N 5th** **S. BONANZA**
NLV

2. LOCATION **SW 1/4 Sec 19 T 20 N 30 R 62 E Clark** County
 PERMIT NO. **DW 10923** **140-32-696-901**
 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 **Bucket**

6. LITHOLOGIC LOG

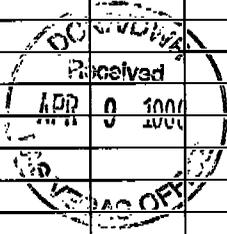
Material	Water Strain	From	To	Thickness
Dirt + Sand		0	3	3
Sand + gravel		3	7	4
Sandy Clay		7	14	7
Silty Clay w/ sands		14	30	16

Driller
ED Davison

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **30** 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)
5	PUC	5ch 40	0	30

 Perforations:
 Type perforation **Slot**
 Size perforation **.032**
 From _____ feet to _____ feet
 From **10** feet to **30** 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
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **0** feet to **30** feet



Date started **3-9-99**, 19____
 Date completed **11/1**, 19____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **6** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **66** °F Quality **GOOD**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **GDC** Contractor
 Address **536 E Midland** Contractor
Onvia CA
 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 **M 1968**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **4-1-99**