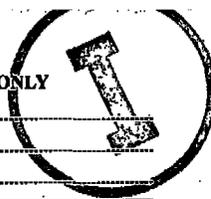


Log No. 77049

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. 16562

1. OWNER Contri ADDRESS AT WELL LOCATION On Broadway  
MAILING ADDRESS L.V. NV W. of Rebel Rd

2. LOCATION 1/4 Sec. 26 T. 21 N/S/R 6.2 E Clark County  
PERMIT NO. NW1110 Issued by Water Resources Parcel No. 61-26-202-005 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 BKT

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Topsoil</u>		<u>0</u>	<u>5</u>	
<u>Clay</u>		<u>5</u>	<u>16</u>	
<u>Conglomerated sand &amp; gravel</u>		<u>16</u>	<u>19</u>	
<u>med sand</u>		<u>19</u>	<u>21</u>	
<u>Clay</u>		<u>21</u>	<u>30</u>	

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>30</u>

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

Surface Seal:  Yes  No Seal Type:  
Depth of Seal \_\_\_\_\_  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
From 0 feet to 30 feet

9. WATER LEVEL  
Static water level: 5 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 12-2 1999  
Date completed 12-2 1999

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 CDC Contractor  
Address \_\_\_\_\_ Contractor  
917 61-3317  
Nevada contractor's license number issued by the State Contractor's Board 31276  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1948  
Signed [Signature]  
By driller performing actual drilling on site or contractor  
Date 12-2

