

OFFICE USE ONLY
 Log No. **79083**
 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. **20312**
N. of Tropicana

1. OWNER **Centri Construction** ADDRESS AT WELL LOCATION **Hollywood**
 MAILING ADDRESS **LV NV 23**

2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. **24 T 21 N 15 R 02 E** County _____
 PERMIT NO. **DW 1110** Parcel No. **161-23-301-001** Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Total of 36 wells drilled in this Parcel				
Dry dirty sand		0	4	
Sandy clay		4	23	
Sand + gravel		23	27	
Blue clay		27	30	

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)
8	PUC	Sch 40	0	40

Perforations:
 Type perforation **Slot**
 Size perforation **.032**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From **10** feet to **30** feet
 From _____ feet to _____ 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 **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 **1-13** 19 **00**
 Date completed _____ 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 **Griffin Ostering** Contractor
 Address **536 E. Mainland** Contractor
Bateria CA 91761
 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 **2-2-00**