

OFFICE USE ONLY
 Log No. 79303
 Permit No. 65484
 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. 19486

1. OWNER Republic Silver State Disposal ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 770 E. Sahara Ave 4455 Sloan Av LV Nev
LV Nev 89104 4455 N. SLOAN
 2. LOCATION NE 1/4 SW 1/4 Sec 19 T. 23 N/S R. 61 E. Clark County _____
 PERMIT NO. 65484 191-19-301-004-009-013
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Gravel		0	15	
Cemented Gravel		15	175	
Volcanic Rock		175	515	
Sandstone		515	620	
Lime stone & Water	xx	620	625	
Reddish Lime stone		625	665	
Limestone & Water	xx	665	670	
Hard Limestone		670	795	
Limestone & Water	xx	795	805	
Hard Limestone		805	920	
Limestone & Water	xx	920	930	
Hard limestone		930	988	

8. WELL CONSTRUCTION
 Depth Drilled 988 Feet Depth Cased 988 Feet
 HOLE DIAMETER (BIT SIZE)

From	To
12 1/4 Inches	0 Feet 55 Feet
10 5/8 Inches	55 Feet 988 Feet

 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	+2	988

Perforations:
 Type perforation Factory
 Size perforation 3/16 x 8 row
 From 926 feet to 968 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 560 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature warm °F Quality _____

Date started 2/17/2000 19_____
 Date completed 3/30/2000 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 Vernon H. Dimick Contractor:
 Address 5360 Bonita Vista Contractor:
Las Vegas Nev
 Nevada contractor's license number issued by the State Contractor's Board 10062
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552
 Signed VH Dimick
 By driller performing actual drilling on site or contractor
 Date 3-31-2000

