

OFFICE USE ONLY
 Log No. 79751
 Permit No. DW 1112
 Basin.....


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. 411739

1. OWNER CAS VEGAS PAVING ADDRESS AT WELL LOCATION END OFF. SUNSET REL & CAS VEGAS WASH
 MAILING ADDRESS 4420 S. DECATUR
CAS VEGAS, NV 89103
 2. LOCATION SW 1/4 S 1/2 Sec. 30 T 21 N/S R 65 E 3 CLARK County
 PERMIT NO. DW 1112 Parcel No. 160-30-003 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other well points
 4. PROPOSED USE dewater
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other well points

6. ~~285-342~~ LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|--------------|------|-----|-----------|
| 1. <u>Silty sand w/ gravel (sm) dense, light brown</u> | 4' | 0' | 3' | 3' |
| 2. <u>Clay sand w/ gravel (Si) medium dense brown</u> | 4' | 3' | 13' | 10' |
| 3. <u>poorly graded sand w/ silt & gravel (sp-sm) very large clasts</u> | 4' | 13' | 20' | 7' |

8. WELL CONSTRUCTION
 Depth Drilled 20' Feet Depth Cased 17'-20' Feet
 HOLE DIAMETER (BIT SIZE)
 From 2" Inches To 20' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|---------------------------|-------------|-----------|
| <u>2"</u> | <u>PVC</u> | <u>Sch 40 well points</u> | <u>0</u> | <u>20</u> |

Perforations:
 Type perforation Fracture Puff well points
 Size perforation 070
 From 20 feet to 18' 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 4' feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °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 FOOT Hill Energy & Demolition Contractor
 Address 905 E. 3rd St. CORONA CA, 91719 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0035906
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2119
 Signed Jim J. Duke
 By driller performing actual drilling on site or contractor
 Date 3-16-00

Date started 3-16-00
 Date completed 3-16-00

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|----------------|-------------------------------|---------------|
| <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>APPX 40</u> | <u>0</u> | <u>20 min</u> |