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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 CORP. ADDRESS AT WELL LOCATION END OF E. SUNSET RD & 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 1/2 R 65 E CLARK County
 PERMIT NO. DW 1112 Issued by Water Resources | 160-30-003 Parcel No. | _____ Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other well points

4. dewater PROPOSED USE Dewatering
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other well point

6. ~~150~~ 208-285 LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
1. Silty Sand (Sm) <u>Downs, medium dense, brown</u>	4'	0	5	5'
2. <u>poorly graded</u> Gravel w/ sand (gp) <u>medium dense gray to black</u>	4'	5	12	7'
3. Silty Sand (Sm) <u>Fine Gravel, medium dense, gray</u>	4'	12	16	4'
4. <u>poorly graded</u> Gravel with silt & sand (gp-gm)	4'	16	20	4'

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>plc</u>	<u>sch 40</u>	<u>0</u>	<u>20</u>

Perforations:
 Type perforation Factory pref well points
 Size perforation 1070

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

Depth of Seal _____
 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

Date started 3-13 1900
 Date completed 3-14 1900

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Air Lift	<u>Appx 65</u>	<u>0</u>	<u>20 min</u>

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 Eng & Dewatering
 Address 905 E. Third St.
COVING, Ca 91719

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 M 2119

Signed Jim J. Smith
 By driller performing actual drilling on site or contractor
 Date 3-13-00