

OFFICE USE ONLY
 Log No. 79889
 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. 41739

1. OWNER LAS VEGAS PAVING ADDRESS AT WELL LOCATION End of E. Sunset Rd # LAS VEGAS WASH
 MAILING ADDRESS 9420 S. DELAWARE LAS VEGAS, NV 89103
 2. LOCATION SW 1/4 S 1/2 Sec. 30 T 21 N/S R 63 E CLARK County
 PERMIT NO. DW 1112 Issued by Water Resources Parcel No. 160-30-003 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other well point
 4. PROPOSED USE de-water
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial Cable Rotary RVC Air Other well points

6. 342-400 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>1. Silty Sand w/ gravel (5m) dense, light brown</u>	<u>4</u>	<u>0'</u>	<u>3'</u>	<u>3'</u>
<u>2. Clayey sand w/ gravel (5c) med. dense brown</u>	<u>4'</u>	<u>3'</u>	<u>13'</u>	<u>10'</u>
<u>3. poorly graded sand w/silt (5p-5m) very large cobbles</u>	<u>4'</u>	<u>13'</u>	<u>20'</u>	<u>7'</u>

8. WELL CONSTRUCTION
 Depth Drilled 20' Feet Depth Cased 17'-20' Feet
 HOLE DIAMETER (BIT SIZE)
 From 2 Inches 0 Feet 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</u>	<u>well points</u>	<u>20</u>

Perforations:
 Type perforation Factory Pref well point
 Size perforation .020
 From 20' feet to 18' 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 cool °F Quality Good

Date started 3-17 1900
 Date completed 3-20 1900

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>Trans pump</u>	<u>Appx. 65-70</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 FOUTH. H. ENY, & DEWATERING Contractor
 Address 903 E. THIRD ST. COLONA, 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 M7119
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-21-00