

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 80908
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 21-21

1. OWNER CAS VEGAS PAVING
 MAILING ADDRESS 4420 S. Decatur
CAS VEGAS, NV 89103
 ADDRESS AT WELL LOCATION EAST OF
SUNSET RD & CAS VEGAS WASH
 2. LOCATION S 1/4 S 1/4 Sec 30 T 21 N/S R. 63 E CLACK County
 PERMIT NO. DW 160-30-003 Parcel No. Subdivision Name

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

6. 200 well points LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Set up Boom Truck And pulled Appx 320 well points - AS PER STATE OF NEVADA Division of Water Resources Requirement		0	20' Appx	
Pulled out and Holes Cased in And Replaced well Points - Removed And replaced MAT Consisted of River Sand & Gravel. Holes were 17' to 20' Right in middle of River, water @ 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>AWC</u>	<u>Sch 40</u>	<u>well points</u>	

Perforations:
 Type perforation Factory Perf well points
 Size perforation 20"
 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 cool °F Quality Good

Date started 7-24-00 19_____
 Date completed 7-28-00 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Abundant</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Foothill Eng & Contractors Contractor
 Address 905 E. Third St Contractor
Corona, CA 91717
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-24-00