

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

OFFICE USE ONLY
 Log No. 81386
 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. 20486

1. OWNER Bob Dell'anno ADDRESS AT WELL LOCATION 1600 N Decatur
 MAILING ADDRESS 10220 Greenberg Rd Portland OR 97223 7-Eleven store
 2. LOCATION SW 1/4 SW 1/4 Sec 19 T 20 N/S R 61 E M.D.B.N - Clark County
 PERMIT NO. 139-19.421-004 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 MSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt				
silty sand dry				
Course gravel				
clay silt fine gravel				
silty clay clay				
wet				
silty clay fine gravel		27		
sand wet gravel			37.5	
TD below 40'				

8. WELL CONSTRUCTION
 Depth Drilled 37 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 37 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"			33	0

Perforations:
 Type perforation SL 40 per.
 Size perforation 020
 From 35 feet to 33 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 32 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 35 feet to 32 feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name T.H.F. Dell'anno Contractor
 Address 9431 Resendiz Ave Fontana CA 92335 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 004849
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M179771
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 5-4-03

Date started 5/4/03 19
 Date completed 5/4/03 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			