

WELL DRILLER'S REPORT

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

81990  
OFFICE USE ONLY  
Log No. ~~21229~~  
Permit No. 212  
Basin

NOTICE OF INTENT NO. 21229

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

ADDRESS AT WELL LOCATION.....

1. OWNER *Wells*

MAILING ADDRESS: *9914 Cess / CV - Environmental Management*

2. LOCATION: *NE 1/4 NE 1/4 Sec 3 T. 20 N/S R. 61 E. Clark*

County

PERMIT NO. ....

123 34 8

Subdivision Name

3. WORK PERFORMED

- New Well  Replace  Recondition  Deepen  Abandon  Other: *Base Milk*

4. PROPOSED USE

- Domestic  Municipal/Industrial  Irrigation  Test  Monitor  Stock

5. WELL TYPE

- Cable  Rotary  RVC  Air  Other

LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>2 Wells Drilled to</i>				
<i>90' Sampled</i>				
<i>could Grouted</i>				
<i>From bottom to</i>				
<i>Surface</i>				

8. WELL CONSTRUCTION

Depth Drilled: *90* Feet Depth Cased: *0* Feet

HOLE DIAMETER (BIT SIZE)

*12.4* Inches From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
Inches From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

CASING SCHEDULE

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

Perforations:

Type perforation.....

Size perforation..... 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: *69* 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: *Dater Development Corp*  
Address: *500 Main St Woodland CA*  
Contractor  
Contractor

*0095695*  
Nevada contractor's license number  
issued by the State Contractor's Board *0012855*

Nevada driller's license number issued by the Division of Water Resources, the on-site driller: *2621*  
Signed *Michael Wells*  
by driller performing actual drilling on site or contractor

Date: *Dec 29 2002*

Date started: \_\_\_\_\_ 19\_\_\_\_  
Date completed: \_\_\_\_\_ 19\_\_\_\_

WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift  
G.P.M. (Feet Below Static) Time (Hours)