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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. 23836

1. OWNER Has Vegas Paving ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4420 S Decatur _____
Has Vegas NV 89103 _____
 2. LOCATION SE 1/4 NE 1/4 Sec. 17 T. 26 N/S R. 59 E CLARK County _____
 PERMIT NO. S 1030 223-17-000-001 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock

4. PROPOSED USE CONSTRUCTION WELL TYPE
 Irrigation Test Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>PERFORATE Well</u>		<u>4 X PER FOOT</u>		
<u>4 sides from</u>		<u>345 FT</u>	<u>TO</u>	
<u>15 FT.</u>				
<u>Pump 18 yard</u>	<u>Neat Cement</u>			
<u>from 336 FT</u>		<u>TO</u>	<u>0 FT</u>	

8. WELL CONSTRUCTION
 Depth Drilled 350 Feet Depth Cased 350 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>			<u>0</u>	<u>20 - cement</u>
<u>8</u>			<u>+2</u>	<u>350</u>

Perforations:
 Type perforation _____
 Size perforation 1/4 X 2
 From 220 feet to 350 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 bentonite Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 150 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 WATER Well Services Contractor
 Address 475 GARY AVE Contractor
Has Vegas NV
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller. 1544
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date _____

Date started 11/20/03 19_____
 Date completed 12/5/03 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)