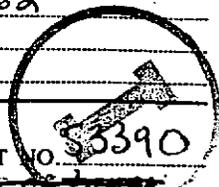


Log No. 9286a
 Permit No. _____
 Basin 104



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. 3390

1. OWNER LAS VEGAS PAVING
 MAILING ADDRESS 4420 S. DELATU B LAS VEGAS NV
 ADDRESS AT WELL LOCATION WEST SIDE OF LOMPA SOUTH OF DELATU B NORTH SIDE S D HWAY ON LOMPA WEST SIDE
 2. LOCATION SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 09 T. 15 S. R. 20 E. County _____
 PERMIT NO. DEW-43 Issued by Water Resources Parcel No. _____ Subdivision Name CARSON CITY NV

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ABANDON (9) WELLS ON LOMPA</u>				
<u>PULL CASING</u>				
<u>VACUUM Gravel pack from</u>				
<u>SURFACE TO 10'</u>				
<u>CEMENT GROUT Seal from 10'</u>				
<u>to surface.</u>				
RECEIVED 01 MAR 10 AM 11:38 STATE ENGINEER'S OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24" To 40"
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ Feet _____

* CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8"</u>	<u>ASTM</u>	<u>E-480</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Slot
 Size perforation .032
 From 20 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10' G SURFACE Neat Cement
 Placement Method: Pumped Tremie Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 10 feet to 40 feet

9. WATER LEVEL
 Static water level 10' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality _____

Date started 3-4 NOT
 Date completed 3-4 NOT

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge
 Name GRIKIA DEWATERING Contractor
 Address 560 E HAYLAND Contractor
Ontario Cal 91761
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS-2150
 Signed Ed Larrison
 By driller performing actual drilling on site or contractor
 Date 3.4.04