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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. 5390

1. OWNER LAS Vegas Paving ADDRESS AT WELL LOCATION SD HWY WEST
 MAILING ADDRESS 4470 DECATUR LAS Vegas NV 89103 OF LONDA ON NORTH SIDE
STA - 20+09.39 (+)
 2. LOCATION SW 1/4 NW 1/4 Sec. 09 T. 15 N. R. 20 E. Carson City NV County
 PERMIT NO. DEW-43 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ABANDON 1/4" ATOMETER</u>				
<u>WEST OF LONDA - NORTH SIDE</u>				
<u>OF SD HWY</u>				
<u>REMOVE Gravel Pack from</u>				
<u>SURFACE to 10' & SEAL w/ Cement</u>				
<u>Grout from Surface to 10'</u>				

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>	<u>ASTM</u>	<u>E. 480</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Slot
 Size perforation 20-052 to
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.1 °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Griffin Dewatering
 Address 536 E. MARIANA
ONTARIO Ca 91761-3311
 Nevada contractor's license number 31246
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the ARDS-2150
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4-6-04

Date started 4-6-04
 Date completed 4-6-04

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			

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 04 APR - 7 AM 8:53
 STATE ENGINEERS OFFICE