

OFFICE USE ONLY
 Log No. **93237**
 Permit No. _____
 Basin **222**

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 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. **26228**

1. OWNER **Virgin Valley Water Dist** ADDRESS AT WELL LOCATION **HALFWAY WASH**
 MAILING ADDRESS **500 RIVERSIDE RD. MESQUITE NEV 89027**
 2. LOCATION **S/W 1/4 NE 1/4 Sec 6 T 15S N/S R 6 E CLARK** County
 PERMIT NO. **03906060003** Parcel No. **N/A** 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 _____

6. **TH-1** LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
MED SAND & COBBLES		0	21	21
COURSE SAND & GRAVEL		21	35	14
SILTY SAND & GRAVEL		35	46	11
SILTY SAND GRAVEL & COBBLES		46	62	16
SILTY CLAYEY SAND		62	71	9
MED SAND, GRAVEL & COBBLE		71	83	12
GRAVELLY MED TO COURSE SAND		83	90	7
REDDISH SILTY CLAY		90	105	15

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8. WELL CONSTRUCTION
 Depth Drilled **105** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **26** Inches To **20** Feet
 From **17 1/2** Inches To **10.5** Feet
 From _____ Inches To _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18		1/4	0	20
12		Sched 40	0	45
12		Sched 40	94	104

Perforations:
 Type perforation **5/6" PVC**
 Size perforation **2.040**
 From **45** feet to **95** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **40** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **40** feet to **105** feet

Date started **4-27** 2004
 Date completed **4-30** 2004

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 checked="" type="checkbox"/> Air Lift	35-40		8

9. WATER LEVEL
 Static water level **5.83** 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 **LAYNE CHRISTENSEN CO.** Contractor
 Address **11001 ETIWANDA AVE FONTANA CA 92337** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **0019101**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1682**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **5-13-04**