

OFFICE USE ONLY
 Log **100003**
 Permit No. **30914**
 Basin **212**

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. **29520**

1. OWNER **LAS VEGAS VALLEY WATER DISTRICT** ADDRESS AT WELL LOCATION **901 S. JONES**
 MAILING ADDRESS **1001 S. VALLEY VIEW** **LAS VEGAS NEVADA**
 2. LOCATION **SE 1/4 SE 1/4 Sec. 35 T. 20 N/S R. 60 E CLARK** County
 PERMIT NO. **30914** Issued by Water Resources Parcel No. **138-35-807-001** 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. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
WELL WAS CLEANED				
USING "ROTO SCRUB"				
AND BAILING AND				
THEN THE PUMP WAS				
REINSTALLED				
DCNR/DWR RECEIVED				
JUL 07 2006				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled **1013** Feet Depth Cased **1006** Feet
 HOLE DIAMETER (BIT SIZE)
 From **32** Inches To **10 1/3** Feet
 From **0** Feet To **10 1/3** Feet
 From **0** Feet To **10 1/3** Feet
 From **0** Feet To **10 1/3** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
20"		1.312	0	550
20"		1.312	986	1006

Perforations:
 Type perforation **ROSCOE MOSS SHUTTER Screen**
 Size perforation
 From **550** feet to **986** feet
 From **0** feet to **0** feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **53'** Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **0** feet to **1006** feet

9. WATER LEVEL
 Static water level **318** feet below land surface
 Artesian flow **0** G.P.M. **0** P.S.I.
 Water temperature **0** °F Quality **0**

Date started **1-18**, 20**06**
 Date completed **2-1**, 20**06**

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			

10. **Cleaned** DRILLER'S CERTIFICATION
 This well was ~~drilled~~ under my supervision and the report is true to the best of my knowledge.
 Name **LAYNE CHRISTENSEN** Contractor
 Address **11001 ETIWANDA AVE** Contractor
FONTANA CA. 92337
 Nevada contractor's license number **0043608**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1660**
 Division of Water Resources, the on-site driller
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **7-5-06**