

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 40229
 Permit No. 212
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 11020
Clark Station

1. OWNER Nevada Power Company ADDRESS AT WELL LOCATION Clark Station
 MAILING ADDRESS P.O. Box 230
Las Vegas, Nevada 89151

2. LOCATION SE 1/4 SE 1/4 Sec. 28 T. 21 N/S R. 62 E Clark County
 PERMIT NO. MO-2173 Clark Station
Issued by Water Resources Parcel No. 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clayey Silt	--	0	3	3
Silty Clay	--	3	11	8
Clayey Sand	--	11	14.5	3.5
Sand & Clayey Sand	X	14.5	17.5	3
Clay	--	17.5	19	1.5
Clayey Sand	X	19	21	2
Sandy Clay	X	21	23	2
Clay	--	23	29.5	6.5

8. WELL CONSTRUCTION
 Depth Drilled 29.5 Feet Depth Cased 29.5 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 29.5 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>	<u>Sch. 40</u>	<u>.237</u>	<u>0</u>	<u>25</u>

Perforations:
 Type perforation Factory Slotted
 Size perforation 0.020
 From 4.5 feet to 29.5 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 1.5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 3.5 feet to 29.5 feet

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 Div. of Water Resources
 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level 7.08 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality Non-Potable

Date started 10-16 1992
 Date completed 10-16 1992

7. WELL TEST DATA

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 Kleinfelder, Inc./Mark Ducharme
Contractor
 Address 6850 S. Paradise Road
Contractor
Las Vegas, Nevada 89119
 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 M1591
 Signed Mark P. Ducharme
 By driller performing actual drilling on site or contractor
 Date 11-3-92