

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

OFFICE USE ONLY
 Log No. **47758**
 Permit No. _____
 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. **14123**

1. OWNER **CAL NEV PIPELINE** ADDRESS AT WELL LOCATION **VALLEY VIEW**
 MAILING ADDRESS **P.O. BOX 6346** **BLVD & HACIENDA INTERSECTION**
SAN BERNARDINO CA 92408

2. LOCATION **SE 1/4 NE 30 T 21 N3R 61 E CLARK** County
 PERMIT NO. **MO-2400B** **NIA COPIN ROW** Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE **RW-22**
 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
SAND		0	5	5
CLAYEY GRAVEL		5	8	3
CLAYEY		8	12	4
SILTY SAND		12	20	8
SAND		20	39	19
CLAYEY		39	43	4
SAND		43	46	3
CLAYEY GRAVEL		46	60	14
SANDY CLAY		60	85	25

8. WELL CONSTRUCTION
 Depth Drilled **85** Feet Depth Cased **85** Feet

HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 85 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	19	0.237	0	85

Perforations:
 Type perforation **FACTORY SLOT**
 Size perforation **0.020**
 From **50** feet to **85** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-41' / 41-48' BENTONITE** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **48** feet to **85** feet

9. WATER LEVEL
 Static water level _____ 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 **THOMAS HIGH**
 Address **4670 SO. GOURIAS AVE**
LAS VEGAS NV 89103
 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 **11869**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **6-13-95**

Date started **5-2**, 19**95**
 Date completed **5-2**, 19**95**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

