

OFFICE USE ONLY
 Log No. 57888
 Permit No. 9992
 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. 31288

1. OWNER City of North Las Vegas ADDRESS AT WELL LOCATION Near the intersection of Stocker and Water Street - N. Las Vegas
 MAILING ADDRESS 2200 Civic Center Drive
North Las Vegas, NV 89036
 2. LOCATION SW 1/4 SW 1/4 Sec. 23 T 20 N 61 E Clark County
 PERMIT NO. 9992 139-22-811-008 Rose Garden Acres
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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
PLUGGED WELL WITH NEAT CEMENT				
WELL COLLAPSED AT 356'				
9/17/96-190 SACKS NEAT CEMENT 13.5#/GALLON FILL TO 293'				
9/18/96-228 SACKS NEAT CEMENT 15.5#/GALLON FILL TO 194'				
9/19/96-190 SACKS NEAT CEMENT 16#/GALLON FILL TO 56'				
9/20/96-2 YDS 9 SACK SLURRY MIX FILL TO 1' BELOW GROUND SURFACE				
ALL CEMENT PUMPED THROUGH 2 7/8" TREMIE PIPE FROM BOTTOM TO TOP				

8. WELL CONSTRUCTION
 Depth Drilled 450 Feet Depth Cased 450 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

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

Date started 9/17 1996
 Date completed 9/20 1996

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. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name LAYNE-WESTERN Contractor
 Address 3515 LOSEE ROAD
N. LAS VEGAS, NV 89030
 Nevada contractor's license number 0019101
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2007
 Signed Randy Swearingen
 By driller performing actual drilling on site or contractor
 Date 9/23/96