

OFFICE USE ONLY
 Log No. **61405**
 Permit No. **212**
 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. **176-11**
 ADDRESS AT WELL LOCATION: **MAIN STREET STATION PARKING LOT**

1. OWNER **UPRR/USPCI/LAIDLAW**
 MAILING ADDRESS **5665 FLATIRON PKWY BOULDER, CO 80301**
 2. LOCATION **NW 1/4 NE 1/4 Sec. 34 T 20 N R 61 E CLARK** County
 PERMIT NO. **MO-2587A** Issued by Water Resources
139-27-402-008 Parcel No. **139-27-402-008** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
 4. PROPOSED USE **LVMW-62**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT		0	0.5	0.5
GRAVEL & CLAY		0.5	3	2.5
CLAY		3	5	2
SILTY CLAY		5	13.5	8.5
CALICHE		13.5	19	5.5
CLAY		19	25	6

8. WELL CONSTRUCTION
 Depth Drilled **26** Feet Depth Cased **25** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6** Inches To **0** Feet **26** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.010 0.154	0	25

Perforations:
 Type perforation **FACTORY SLOT**
 Size perforation **0.010**
 From **5** feet to **25** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-2 1/2-4' BENTONITE** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **4** feet to **25** feet

9. WATER LEVEL
 Static water level **16** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **DECEMBER 3** 19 **96**
 Date completed **DECEMBER 3** 19 **96**

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 **DON WILSON** Contractor
 Address **731 PILOT ROAD STE # LAS VEGAS, NV 89119** Contractor
 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 **M1589**
 Signed **L. Wilson** By driller performing actual drilling on site or contractor
 Date **2-11-97**