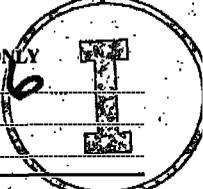


OFFICE USE ONLY
 Log No. 65836
 Permit No. 212
 Basin 212



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. 12092

1. OWNER CLARK COUNTY SCHOOL DISTRICT ADDRESS AT WELL LOCATION RICHARD C. WHITE
 MAILING ADDRESS 1700 GALLERIA BLDG C TRANSPORTATION CENTER 4499 SO. ARVILLE
HENDERSON NV 89014 STREET, LAS VEGAS, NV

2. LOCATION SE 1/4 NW 1/4 Sec. 19 T. 21 N. R. 61 E. CLARK County

PERMIT NO. MO-2292 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	Thick-ness
<u>REMOVED CASING, DRILLED OUT</u>				
<u>BOREHOLE AND GROUTED</u>				
<u>TO SURFACE WITH A</u>				
<u>CEMENT/BENTONITE SLURRY</u>				
<u>(10 SACK SLURRY)</u>				
<u>DRILL NO. #10757</u>				
<u>RECEIVED</u>				
<u>NOV 02 1993</u>				
Div. of Water Resources Branch Office - Las Vegas, NV				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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

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

Date started 7/16 1993
 Date completed 7/16 1993

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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

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 DON WILSON Contractor

Address 4670 SO. POLARIS AVE
LAS VEGAS, NV 89103 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 Don Wilson By driller performing actual drilling on site or contractor

Date 11-1-93