

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 166024
Permit No. 212
Basin. 212

NOTICE OF INTENT NO. 13223

1. OWNER HLA ADDRESS AT WELL LOCATION 2810 N. HATCH

MAILING ADDRESS: 4170 S. OAKTON #1 Parcel No. _____ Subdivision Name _____

2. LOCATION N 2 1/4 NE 1/4 Sec 13 T 20 NR 60 E CLARK County CLARK

PERMIT NO. MD-23924 Issued by Water Resources _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____

4. PROPOSED USE Domestic Municipal/Industrial Irrigation Test Stock Monitor Well Type Cable Rotary RVC Air Other RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>CLAY</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>CLAY</u>		<u>8</u>	<u>18</u>	<u>10</u>
<u>CLAY</u>		<u>18</u>	<u>35</u>	<u>17</u>

8. WELL CONSTRUCTION
Depth Drilled: 35 Feet HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>90</u>	<u>5/16</u>	<u>0</u>	<u>30</u>

Perforations:
Type perforation SLIT LOG SCREEN
Size perforation 20 feet to 35 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal 15
Placement Method: Pumped Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 26 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 WESLEY ENDREWERM
Contractor _____
Address 4301 S. OAKTON DR. #1
CLARK NV 89103

Nevada contractor's license number 0055639
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller W1910
Signed _____
By driller performing actual drilling on site or contractor

Date 10-21-97

7. WELL TEST DATA
Date started 7-27 1997
Date completed 7-27 1997

TEST METHOD: Bailor Pump Air Lift

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