



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. 10977

1. OWNER KLEINFELDER ADDRESS AT WELL LOCATION 2300 E. ST. LOUIS AVE
 MAILING ADDRESS 6850 S. PARADISE RD. LV. NV 89119

2. LOCATION NE 1/4 SW 1/4 Sec 1 T. 21 N. R. 61 E. CLARK County CLARK
 PERMIT NO. MO-2348 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 ALLEN

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	7	
CLAY w/ gravel		7	10	
CLAY w/ some FINE SANDS		10	30	

8. WELL CONSTRUCTION
 Depth Drilled 32 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 32 Feet
 From 0 Feet To 32 Feet
 From 0 Feet To 32 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>PVC</u>	<u>SCH 40</u>		

Perforations:
 Type perforation SLOTTED SCREEN
 Size perforation 0.20
 From 10 feet to 30 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 9

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 9 feet to 32 feet

9. WATER LEVEL
 Static water level 11 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 WOBEN ENVIRONMENTAL Contractor
 Address 4301 S. Valley View #21 Contractor
LV NV. 89103
 Nevada contractor's license number issued by the State Contractor's Board 0035639
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1910
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-13-93

Date started 11-10 1993
 Date completed 11-10 1993

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			

RECEIVED
 DEC 17 1993
 Div. of Water Resources
 Branch Office Las Vegas, NV