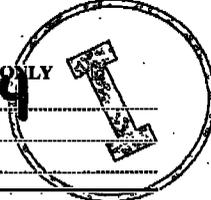


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **69664**
 Permit No. **212**
 Basin **212**



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **15605**

1. OWNER **Desert Plumbing** ADDRESS AT WELL LOCATION **3333 S. Procyon Ave**
 MAILING ADDRESS **3333 S. Procyon Ave**
LV NV 89102

2. LOCATION **NW 1/4 NW 1/4 Sec 17 T 21 R 61 E CLARK** County
 PERMIT NO. **40-2777** Issued by Water Resources Parcel No. **162-17-001-007** 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 **MW-5**

Material	Water Strata	From	To	Thickness
Fill 8" asphalt w/ base		0	1.5	
Gravelly Sand		1.5	4.5	
Clayey Sand		4.5	6.5	
Sandy Clay		6.5	9	
CALICHE		9	12	
SANDY CLAY	Y	12	13	
CLAYEY Gravel w/ sand	Y	13	18	
CALICHE Gravel layers	Y	18	27	

8. WELL CONSTRUCTION
 Depth Drilled **27** Feet Depth Cased **25** Feet

HOLE DIAMETER (BIT SIZE)
 From **6** Inches To **27** Feet
 From **0** Feet To **27** Feet
 From **0** Feet To **27** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	PVC	sch 40	0	25

Perforations:
 Type perforation **slotted screen**
 Size perforation **.010 inch**
 From **10** feet to **25** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **8 1/2** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **8 1/2** feet to **27** feet

9. WATER LEVEL
 Static water level **10.56** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **10/14**, 19**97**
 Date completed **10/14**, 19**97**

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 **Tim Aten c/o Terracon** Contractor
 Address **4343 S. Polaris Ave**
LV 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 **M2087**
 Signed **Keith Dean**
 By driller performing actual drilling on site or contractor
 Date **11/10/97**

