

OFFICE USE ONLY
 Log No. 800218
 Permit No. _____
 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. 21801

1. OWNER Last Vegas Paving ADDRESS AT WELL LOCATION on Wall Street
 MAILING ADDRESS Delatorre Ave at Western
Las Vegas

2. LOCATION 1/4 Sec 23x34 T. 20 N. R. 62 E. Clark County _____
 PERMIT NO. NW 1115 Parcel No. 139-33-80-009 Subdivision Name _____
Issued by Water Resources

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Backfill w/CRliche at</u>		<u>0</u>	<u>18</u>	
		<u>13</u>	<u>16</u>	
<u>Sandy Clays</u>		<u>15</u>	<u>35</u>	
<u>total dg</u>				
<u>8 well cuttings</u>				
<u>Parcel</u>				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
24 Inches 20 From 38 To _____ Feet
 _____ Inches _____ Feet _____ Feet
32 Inches 0 Feet 20 Feet

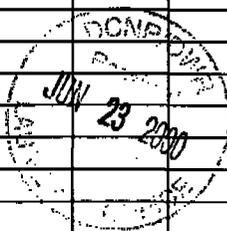
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>5/16</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation 032
 Size perforation 5/16
 From _____ feet to _____ feet
 From 10 feet to 35 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 _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 35 feet

9. WATER LEVEL
 Static water level 13 feet below land surface
 Artesian flow _____ G.P.M.
 Water temperature _____ °F Quality _____

Date started 5-23-00, 19_____
 Date completed 6-1-00, 19_____


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 Griffin Dewatering Corp. Contractor
 Address 536 E. Midland Contractor
Ontario CA
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 11968
 Signed [Signature] by driller performing actual drilling on site or contractor
 Date 6-1-00