

OFFICE USE ONLY
 Log No. 80111
 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. 19204

1. OWNER CLARK COUNTY PUBLIC WORKS DEPT ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 500 S. Grand Central Pkwy #2001 Las Vegas NV 89155 Flood Control Channel at NWC
Boulder Hwy & Russell Road
 2. LOCATION NE 1/4 NE 1/4 Sec. 34 T. 21 S. R. 62 E. CLARK County
 PERMIT NO. n/a 161-34-596-001 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 Auger

6. LITHOLOGIC LOG MW-1

Material	Water Strata	From	To	Thick-ness
<u>Fill SANDY SILT-w/ clay & vegetation debris</u>		<u>0</u>	<u>6</u>	
<u>CLAYEY SILT</u>		<u>6</u>	<u>7</u>	
<u>CLAYEY SAND</u>	<u>Y</u>	<u>7</u>	<u>8</u>	
<u>CALICHE</u>	<u>Y</u>	<u>8</u>	<u>10</u>	
<u>SILTY SAND</u>	<u>Y</u>	<u>10</u>	<u>12</u>	
<u>GRAVEL-w/ silt</u>	<u>Y</u>	<u>12</u>	<u>17</u>	
<u>SILTY CLAY-red</u>	<u>N/Y</u>	<u>17</u>	<u>40</u>	

8. WELL CONSTRUCTION
 Depth Drilled 41 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/4 Inches To 41 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>	<u>PVC</u>	<u>sch. 40</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation slotted screen
 Size perforation .020 inch
 From 5 feet to 40 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal 5
 Placement Method: Pumped Poured
 Gravel Packed: Yes No From 5 feet to 41 feet

9. WATER LEVEL
 Static water level 8.12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality _____

Date started 6/15/00 19____
 Date completed 6/15/00 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 Tim Aten c/o Terracon Contractor
 Address 4343 S. Polaris Ave. Contractor
Las Vegas 89103
 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: M2155
 Signed Tim Aten
 By driller performing actual drilling on site or contractor
 Date 6/23/00