

OFFICE USE ONLY
 Log No. 82984
 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. 43848

1. OWNER CLARK CO. SANITATION DISTRICT ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5857 EAST FLAMMINGO RD. 5857 E. FLAMMINGO RD.
LAS VEGAS, NV. 89112 LAS VEGAS, NV. 89112
 2. LOCATION NW 1/4 NW 1/4 Sec. 2322 T 21 N 0 R 62 E CLARK County
 PERMIT NO. DW-1130 AB16122101001 Subdivision Name _____
Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>63 WELLS</u>				
<u>BRN. SANDY CLAY</u>		<u>0</u>	<u>12</u>	<u>12</u>
<u>CALICHE W/ SAND & GRAVEL LENSES</u>	<input checked="" type="checkbox"/>	<u>12</u>	<u>33</u>	<u>21</u>
<u>SOFT GRAY CLAY</u>		<u>33</u>	<u>38</u>	

8. WELL CONSTRUCTION
 Depth Drilled 38 Feet Depth Cased 37 Feet
 HOLE DIAMETER (BIT SIZE)
 From 20 Inches To 38 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>	<u>33</u>	<u>2.50</u>	<u>0</u>	<u>5</u>

Perforations:
 Type perforation LOUVERED
 Size perforation .040
 From 5 feet to 37 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 4' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
CLAY
 Gravel Packed: Yes No
 From 4 feet to 38 feet

9. WATER LEVEL
 Static water level 5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2-16-01, 19_____
 Date completed 4-26-01, 19_____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>100</u>	<u>23</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name KELLEY DEWATERING & CONST. CO. Contractor
 Address 5175 CLAY AVE. Contractor
WYOMING, MICH. 49548
 Nevada contractor's license number issued by the State Contractor's Board 50826-C23
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS-2149
 Signed Just O. Ehor
 By driller performing actual drilling on site or contractor
 Date 5-2-01