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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. 21124

1. OWNER CLARK CO. SANITATION DIST. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5357 EAST FLAMMINGO RD. _____
LAS VEGAS, NEVADA 89112 _____
 2. LOCATION NW 1/4 NW 1/4 Sec 23 T 21 N 9 R 62 E CLARK County
 PERMIT NO. DW-1130 16122101001 Parcel No. _____
 Issued by Water Resources _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. 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	Thickness
<u>63 WELLS</u>				
<u>BRN SANDY CLAY</u>		<u>0</u>	<u>12</u>	<u>12</u>
<u>CALICHE W/ SAND & GRAVEL LAYERS</u>	<input checked="" type="checkbox"/>	<u>12</u>	<u>31</u>	<u>21</u>
<u>SOFT GRAY CLAY</u>		<u>33</u>	<u>38</u>	

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8. WELL CONSTRUCTION
 Depth Drilled 38 Feet Depth Cased 37 Feet

HOLE DIAMETER (BIT SIZE)
 From 20 Inches 0 Feet To 38 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>	<u>33</u>	<u>250</u>	<u>0</u>	<u>5</u>

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

Surface Seal: Yes No Seal Type:
 Depth of Seal 11' Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 11 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 _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name KELLE/ DEWATERING & CONSTRUCTION CO. Contractor
 Address 5175 CLAY AVE Contractor
WYOMING, MICH. 49548
 Nevada contractor's license number issued by the State Contractor's Board 50826
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS-2149
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-14-01

Date started 9-11-01 19____
 Date completed 11-14-01 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			