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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 5857 EAST FLAMMING RD.
LAS VEGAS, NEVADA 89112
 2. LOCATION NW 1/4 NW 1/4 Sec 23 T. 21 N. R. 62 E. CLARK County
 PERMIT NO. DW-1130 AB 16122101001 Subdivision Name _____
Issued by Water Resources Parcel No.

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	Thick-ness
<u>GS WELLS</u>				
<u>BRY 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>	

8. WELL CONSTRUCTION
 Depth Drilled 38 Feet Depth Cased 37 Feet
 HOLE DIAMETER (BIT SIZE)
 From 20 Inches 0 Feet 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 KELLEY DEWATERING & CONSTRUCTION CO.
 Contractor
 Address 5175 CLAY AVE
 Contractor
WYOMING, MICH. 49548
 Nevada contractor's license number 50826
 issued by the State Contractor's Board
 Nevada driller's license number issued by the ABDS-2149
 Division of Water Resources, the on-site driller
 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			