

PRINT OR TYPE ONLY
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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. 15152

1. OWNER CITY OF LAS VEGAS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 400 STEWART AVE OWENS AVENUE, 200' west of
LAS VEGAS, NV 89101 STOCKER STREET INTERSECTION

2. LOCATION SW 1/4 SE 1/4 Sec 22 T 20 N 61 E 01A County _____
 PERMIT NO. 139-27-599-001 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>fill - AC.</u>		<u>0</u>	<u>.3</u>	<u>4"</u>
<u>AGGREGATE BASE</u>		<u>.3</u>	<u>.6</u>	<u>4"</u>
<u>Silty clay</u>		<u>.4</u>	<u>2.5</u>	<u>1.9'</u>
<u>clay</u>		<u>2.5</u>	<u>4</u>	<u>1.5'</u>
<u>Sandy clay</u>		<u>4</u>	<u>5.5</u>	<u>1.5'</u>
<u>Silty sand</u>		<u>5.5</u>	<u>6.5</u>	<u>1.0'</u>
<u>Sandy clay</u>		<u>6.5</u>	<u>7.5</u>	<u>1.0'</u>
<u>clay</u>		<u>7.5</u>	<u>11.5</u>	<u>4.0'</u>
<u>Silty clay</u>		<u>11.5</u>	<u>15</u>	<u>3.5'</u>

8. WELL CONSTRUCTION
 Depth Drilled 15 Feet Depth Cased 15 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 15' Feet
6.5 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>SCH 40</u>	<u>0</u>	<u>15</u>

Perforations:
 Type perforation slotted screen PVC
 Size perforation 1.010 inch
 From 5 feet to 15 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 4' Cement Grout
 Placement Method: Pumped Poured Concrete Grout

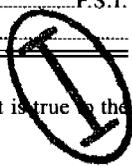
Gravel Packed: Yes No
 From 4 feet to 15 feet

9. WATER LEVEL
 Static water level 7.0 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4/25/02
 Date completed 4/25/02

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 TERRENCE
 Address 4343 South Adams
LAS VEGAS NV 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 2097
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5/21/02