

OFFICE USE ONLY
 Log No. 89650
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 21132

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

1. OWNER SOUTHERN NEVADA WATER AUTHORITY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1900 E. FLAMINGO RD.
LAS VEGAS, NEVADA

2. LOCATION NW 1/4 SW 1/4 Sec. 29 T 21 N R 63 E CLARK County
 PERMIT NO. DW 1151 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 BUCKET

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|----------------------------------|--------------|-----------|-----------|------------|
| <u>13 WELLS</u> | | | | |
| <u>SILT</u> | | <u>0</u> | <u>8</u> | <u>8</u> |
| <u>CLAY</u> | | <u>8</u> | <u>14</u> | <u>6</u> |
| <u>COARSE SAND W/ GRAVEL</u> | | <u>14</u> | <u>28</u> | <u>14</u> |
| <u>CALICHE/REFUSAL</u> | | <u>28</u> | <u>?</u> | |

8. WELL CONSTRUCTION
 Depth Drilled 28 Feet Depth Cased 28 Feet

HOLE DIAMETER (BIT SIZE)
 From 36 Inches To 28 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>15</u> | <u>.250</u> | <u>0</u> | <u>28</u> |

Perforations:
 Type perforation LOUVERED
 Size perforation .040
 From 8 feet to 16 feet
 From _____ feet to _____ feet

Surface Seal: Yes, No Seal Type:
 Depth of Seal 10' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
COLLAPSED

Gravel Packed: Yes No
 From 8 feet to 28 feet

9. WATER LEVEL
 Static water level 1 feet below and 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 LESTER J. EHORN/KELLEY DEWATERING Contractor
 Address 5175 CLAY AVE. Contractor
WYOMING, MICHIGAN 49458
 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 Lester J. Ehorn
 By driller performing actual drilling on site or contractor
 Date MAY 16, 2003

Date started MAY 30, 2003, 19_____
 Date completed MAY 30, 2003, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |