

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 89718
 Permit No. 1
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 2529A

1. OWNER SOUTHERN NEVADA WATER AUTHORITY ADDRESS AT WELL LOCATION REPLACES 22750
 MAILING ADDRESS 900 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. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic DEWATER 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>11 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>	<input checked="" type="checkbox"/>	<u>14</u>	<u>28</u>	<u>14</u>
<u>CALICHE/REFUGAL</u>		<u>28</u>	<u>?</u>	

DOWNSIDE RECEIVED
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 28 Feet Depth Cased 28 Feet
 HOLE DIAMETER (BIT SIZE)
 From 36 Inches 0 Feet 28 Feet
 To _____ 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>12</u>	<u>15</u>	<u>.250</u>	<u>0</u>	<u>8</u>

Perforations:
 Type perforation LOUVERED
 Size perforation .040
 From 8 feet to 28 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured COLLAPSED Concrete Grout
 Gravel Packed: Yes No
 From 8 feet to 28 feet

9. WATER LEVEL
 Static water level 1 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started JUNE 11, 2003, 19_____
 Date completed JUNE 11, 2003, 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			

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 Contractor
 Address 5175 CLAY AVE Contractor
WYOMING, MICHIGAN 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 JUNE 17, 2003