

OFFICE USE ONLY
 Log No. 39723
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 10577

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 N.DOT. ADDRESS AT WELL LOCATION N.DOT.
 MAILING ADDRESS c/o Mark Group MAINTENANCE YARD
1919 S. Jones Blvd., Las Vegas GLENDALE, NEVADA.
 2. LOCATION SW 1/4 NW 1/4 Sec. 2 T. 15 N. R. 66 E. CLARK. County
 PERMIT NO. MO-2135 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>.5</u>	<u>.5</u>
<u>gravelly silty sand</u>		<u>.5</u>	<u>8.5</u>	<u>8.0</u>
<u>Silty sand w/clay</u>		<u>8.5</u>	<u>14</u>	<u>5.5</u>
<u>Silty Sandy clay</u>		<u>14</u>	<u>35</u>	<u>21</u>

J.D = 35'

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 35 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>2105</u>	<u>SC4.40</u>	<u>0</u>	<u>35</u>
<u>1"</u>			<u>0</u>	<u>35</u>

Perforations:
 Type perforation factory spotted
 Size perforation 0.920
 From 10 feet to 35 feet
 From _____ feet to _____ feet

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 NOV 10 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-8/4-8 Best. Neat Cement
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No w/Best.
 From 8 feet to 35 feet

9. WATER LEVEL
 Static water level 14 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started July 14, 1992
 Date completed July 14, 1992

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 Richard LeBlanc
 Address 4670 S. Solais Ave.
Las Vegas Nevada 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 M-1817
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-10-92