

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 40864
 Permit No. _____
 Basin 212

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

NOTICE OF INTENT NO. 23717
 ADDRESS AT WELL LOCATION Fitzgerald Estate
10th St. Between Opden & Stewa
Las Vegas, Nevada

1. OWNER Fitzgerald ESTATE MW-15 ADDRESS AT WELL LOCATION Fitzgerald Estate
 MAILING ADDRESS c/o Concourse Consultants
4670 S. POLARIS AVE, LAS VEGAS
 2. LOCATION SE 1/4 NE 1/4 Sec 34 T. 20 N. R. 61 E Clark. County
 PERMIT NO. Mo. 2101 & Mo. 2082 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>* 7 WELLS</i>				
MW-12	=	Intent	#	8253
MW-14	=	"	#	8256
MW-15	=	"	#	8257
MW-16	=	"	#	8440
MW-17	=	"	#	8441
MW-18	=	"	#	8442
MW-20	=	"	#	8444

- All casing pulled & Holes sealed w/ 10 SACK SLURRY!

- ALL WELLS 25 ft in Depth

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED
 APR 02 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 3-23, 1993
 Date completed 3-24, 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL

Static water level _____ 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 Don Wilson Contractor
 Address 4670 S. POLARIS AVE
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 M1589
 Signed Ron Wilson
 By driller performing actual drilling on site or contractor
 Date 3-29-93