

OFFICE USE ONLY
 Log No. 86604
 Permit No. _____
 Basin 213

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. 23045
MOHAVE GENERATING

1. OWNER SOUTHERN CALIFORNIA EDISON ADDRESS AT WELL LOCATION MOHAVE GENERATING STATION 655 BRUCE WOODBURY DR. LAUGHLIN, NV 89029
 MAILING ADDRESS P.O. BOX 700 ROSEMEAD, CA 91770
 2. LOCATION NW 1/4 SE 1/4 Sec 23 T. 32 N/S R. 66 E CLARK County
 PERMIT NO. _____ ISSUED BY WATER RESOURCES _____ PARCEL NO. _____ SUBDIVISION NAME MOHAVE GENERATING STATION

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
#85 well certification				
No sounding tube				
Casing sticking up			22'	
3- ballard protection				
Well measured depth 251.6'				
Only well depth, static water level and above ground measurements could be confirmed by Allen Drilling. All other measurements are taken off the accompanying well log.				

8. WELL CONSTRUCTION
 Depth Drilled 260 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
7.58 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)
2"	sch40 pvc		0	200'
2"	pvc perforated		200'	260'

Perforations:
 Type perforation _____
 Size perforation Drilled 1/8"x32'/foot
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 3' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No 260' 1/8"x1/4" gravel
 From _____ feet to _____ feet

9. WATER 277.19
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11/9/01, 19_____
 Date completed 11/9/01, 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
ALLEN DRILLING INC.
 Name _____ Contractor
 Address 4947 S. VALLEY VIEW Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number 18917
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1301
 Division of Water Resources, the on-site driller
 Signed Fred B. Allen
 By driller performing actual drilling on site or contractor
 Date 11/30/01

DCNR/DWR
 RECEIVED
 DEC 04 2001
 LAS VEGAS OFFICE

816604

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WELL NUMBER: 85
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WELL CONSTRUCTION SUMMARY

DATE COMPLETED: 11/15/73 DEPTH DRILLED: 260 FEET DIAMETER DRILLED: 7 5/8 INCHES
CONTRACTOR: DRILLING AND PUMPS, INC. METHOD: MUD ROTARY GEOPHYSICAL LOG: YES LITHOLOGIC LOG: YES

Casing
Interval: 0 - 200 FEET Diameter: 2 INCHES Material: SCH 40 PVC
Interval: - FEET Diameter: INCHES Material:
Screen
Interval: 200 - 260 FEET Diameter: 2 INCHES Material: SCH 40 PVC
Slot Size: 1/8" DRILLED HOLES/32 HOLES PER FOOT
Gravel Pack
Interval: 3 - 260 FEET Material: 1/8 TO 1/4" GRAVEL
Interval: - FEET Material:
Sanitary Seal
Interval: 0 - 3 FEET Material: CEMENT
Sounding Pipe: NONE

WELL TESTING

Test Date: Duration: HOURS Discharge: GPM
Static Water Level: FEET Drawdown: FEET Specific capacity: GPM/FT

PUMP INSTALLATION

Date Installed: Manufacturer: Model: Meter #:
Horsepower: Volts: Amps: Phase:
Riser Pipe Length: FEET Diameter: INCHES Material:
Intake Depth: FEET Pumping Level: FEET Discharge: GPM

REFERENCE ELEVATIONS

Ground Elevation: 707.03 FEET
Sounding Port Elevation: 706.35 FEET

WELL MAINTAINENCE

Redevelopment:

Equipment:

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DEC 04 2001

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