

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

OFFICE USE ONLY
Log No. 100717
Permit No. _____
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. 37669

1. OWNER Clark County Parks & Community Services ADDRESS AT WELL LOCATION 201 Via Antincendio
MAILING ADDRESS 2601 East Sunset Road Henderson, NV 89015
Las Vegas, NV 89120 Subdivision Name: Powerline Weir Crossing 3.3 County: Clark

2. LOCATION SW ¼ SE ¼ Sec 21 T 21S N/S R 63 E Latitude See Attached UTM E NAD 27
PERMIT/WAIVER No. DW-1214 160-21-810-027 Longitude _____ N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE demolition
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other licked/ Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>See Attached</u>				
<u>for wells 10 thru 14</u>				
<u>DCNR/DWR RECEIVED</u>				
<u>AUG 23 2006</u>				
<u>LAS VEGAS OFFICE</u>				
Date started:	<u>27-Mar</u>		<u>20</u>	<u>06</u>
Date completed:	<u>27-Mar</u>		<u>20</u>	<u>06</u>

9. WELL CONSTRUCTION

Depth Drilled 52 Feet Depth Cased 52 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>52</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>5.7</u>	<u>.332</u>	<u>0</u>	<u>52</u>
_____	_____	_____	_____	_____

Perforations:

Type of perforation	Size of perforation	From	To
<u>Temporary</u>	<u>machine</u>	<u>12</u> feet	<u>52</u> feet
_____	<u>0.032</u>	_____ feet	_____ feet
_____	_____	_____ feet	_____ feet
_____	_____	_____ feet	_____ feet
_____	_____	_____ feet	_____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> <u>20% Bentonite Grout</u>	<u>10</u> to <u>11</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0</u> to <u>52</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: _____	<u>3/8 Pea Gravel</u>	_____	_____
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>10</u> to <u>11</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: _____	<u>3/8 s</u>	_____	_____

7. Water Level

Static water level: 18 feet below land surface

Artesian Flow: n/a G.P.M. n/a P.S.I.

Water Temperature: n/a °F

Quality: _____

8. 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			
	<u>N/A</u>		

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Viking Drillers, Inc Contractor
Address 801 Northport Dr. Contractor
W. Sacramento, CA 95691

Nevada contractor's license number issued by the State Contractor's Board 0034680

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2091

Signed _____
By driller performing actual drilling on site or contractor

Date 5/9/2006