



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

OFFICE USE ONLY
Log No. 103510
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. 31425

1. OWNER Clark County Aviation ADDRESS AT WELL LOCATION McCarren Airport Terminal 3
MAILING ADDRESS P.O. Box 11005 5757 Wayne Newton Boulevard, Las Vegas, NV
Las Vegas, Nv Subdivision Name: _____ County: Clark

2. LOCATION NW ¼ NW ¼ Sec 35 T 21S N/S/R 61 E UTM E _____ NAD 27
PERMIT/WAIVER No. DW-1244A 162-35-101-018 Longitude _____ N x NAD 83/WGS 84
Issued by Water Resources Parcel No. 162-35-101-018

3. WORKED PERFORMED 4. PROPOSED USE DEWATER 5. WELL TYPE

New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
Deepen x Other Dewatering Well Municipal/Industrial Monitor Stock Air x Other Auger Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Well # 7423				
N486735.1 E633311.2				
Clayey Gravel		0	4	
Caliche - white/hard		4	8	
Fat Clay-with sand, gravel		8	18	
Silty Clayey Sand - red,brown		18	21	
Clayey Gravel, cemented lenses		21	34	
Sandy Fat Clay, brown to tan		34	47	
Caliche - moderate cemented		47	49	
Caliche - hard		49	51	
Well #7424				
N486798.2 E633390.3				
Clayey Gravel		0	4	
Caliche - white/hard		4	8	
Fat Clay-with sand, gravel		8	18	
Caliche - white/hard		18	21	
Clayey Gravel, cemented lenses		21	34	
Sandy Fat Clay, brown to tan		34	47	
Caliche - moderate cemented		47	49	
Caliche - hard		49	51	

9. WELL CONSTRUCTION

Depth Drilled 51' Feet Depth Cased 50' Feet

HOLE DIAMETER (BIT SIZE)

From surface Feet To 51' BGL Feet

24" 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)
6.5	3.6	.280	0	20

Perforations:

Type of perforation machine slot

Size of perforation .032"

From 20 feet to 50 feet

From _____ feet to _____ feet

Annular Seal: Yes X No

Neat Cement _____ to _____ Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: X Yes No _____ to _____ Pumped X Poured

Type: _____ pea gravel

Bentonite Chips: Yes X No _____ to _____ Pumped Poured

Type: _____

Date started: 24-Jul, 20 07

Date completed: 24-Jul, 20 07

7. Water Level

Static water level: 26' feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

**DCNR/DWR
RECEIVED**

AUG 03 2007

10. DRILLER'S CERTIFICATION

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

Name Griffin Dewatering Corp
Contractor

Address 536 E. Maitland Street
Contractor

Ontario, Ca 91761

Nevada contractor's license number _____
issued by the State Contractor's Board C-23 0031246

Nevada driller's license number issued by the
Division of Water Resources, the on-site driller M-2264

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 7/31/07

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE