

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

OFFICE USE ONLY
Log No. 103516
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. 31424

1. OWNER Clark County Aviation
MAILING ADDRESS P.O. Box 11005
Las Vegas, Nv

ADDRESS AT WELL LOCATION McCarren Airport Terminal 3
5757 Wayne Newton Boulevard, Las Vegas, NV

Subdivision Name: _____ County: _____

2. LOCATION NE 1/4 11E 1/4 Sec 34 T 21 N 34 E Latitude _____ UTM E _____ NAD 27
PERMIT/WAIVER No. DW-1243A 162-34-502-010 Longitude _____ N _____ x NAD 83/WGS 84
Parcel No. _____ 162-35-101-018

3. WORKED PERFORMED
New Well _____ Recondition _____
Deepen _____ x Other _____ Dewatering Well _____

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

5. WELL TYPE
Cable _____ Rotary _____ RVC _____
Air _____ x Other _____ Auger Bucket _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Well # 7411				
N486855.2 E632111				
Clayey Gravel		0	3	
Caliche - white/hard		3	7	
Fat Clay-with sand, gravel		7	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 #7412				
N486855.8 E632211				
Clayey Gravel		0	11	
Caliche - white/hard		11	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	

9. WELL CONSTRUCTION

Depth Drilled 51' Feet Depth Cased 50' Feet

HOLE DIAMETER (BIT SIZE)

24"	From	To	50'
24"	surface	50' BGL	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
From _____ feet to _____ 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 0 50 Pumped X Poured
Type: _____ pea gravel

Bentonite Chips: Yes X No _____ to _____ Pumped Poured
Type: _____

Date started: 23-Jul , 20 07
Date completed: 7/23/2007 , 20 07

7. Water Level
Static water level: 25' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	x 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.

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] **DWR/DWR**
By driller performing actual drilling on site or contractor

Date 7/21/07 **RECEIVED**

AUG 03 2007

LAS VEGAS OFFICE