

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

OFFICE USE ONLY
Log No. 104975
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

1. OWNER USA Corps of Engineers Army ADDRESS AT WELL LOCATION Site LF-01
MAILING ADDRESS 751 S. Figueroa Nellis AFB, Nevada
Los Angeles, CA 90017 Subdivision Name: Clark
2. LOCATION NE 1/4 SE 1/4 Sec 16 T 20 N R 62 E Latitude UTM E 813,877 NAD 27
PERMIT/WAIVER No. 140-166-01-001 Longitude N 26.716.161 NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other Abandoned
4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
5. WELL TYPE Cable Rotary RVC Air Other Poto Source

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Tremie Grout - 125' to 0' Pull Monument</u>				
<u>Vault - 3' below grade</u>				
<u>8 PVC - 2' below grade</u>				
<u>40 Gallons of Portland</u>				

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

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

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 125 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

7. Date started: 2-6-08 20 08
Date completed: 2-6 20 08

7. Water Level
Static water level: 45.5 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. _____ Time (Hours) _____
(For Flow Rate)

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MAR 12 2008
LAS VEGAS OFFICE

10. DRILLER'S CERTIFICATION

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

Name Boat Longyear Co
Address 7773 W Seldon Ln
Peoria, AZ 85345
Nevada contractor's license number 0010137
issued by the State Contractor's Board
Nevada driller's license number issued by the M-2147
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 2-8-08