

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

OFFICE USE ONLY
Log No. 105726
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. 34573

1. OWNER Schwartz, Thomas F. ADDRESS AT WELL LOCATION 251 N. Nellis Blvd
MAILING ADDRESS 251 N. Nellis Blvd LV, NV
LV, NV 89110-5321 Subdivision Name: _____ County: Clark

2. LOCATION NE 1/4 SE 1/4 Sec 32 T 20 N R 62 E Latitude N 36° 09' 57.8" UTM E NAD 27
PERMIT/WAIVER No. 170-32-701005 Longitude W 115° 03' 45.7" N NAD 83/WGS 84
Issued by Water Resources Parcel No. MW-3

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG MW-3

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>2</u>	
<u>clayee sand</u>		<u>2</u>	<u>17</u>	
<u>sand</u>	<u>17</u>	<u>17</u>	<u>20</u>	
<u>clay</u>		<u>20</u>	<u>28</u>	

9. WELL CONSTRUCTION

Depth Drilled 28 Feet Depth Cased 28 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>28</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>4"</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>25</u>

Perforations:

Type of perforation Factory

Size of perforation 0.20

From 13 feet to 28 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout 0 to 7 Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 10 to 28 Pumped Poured

Type: #3

Bentonite Chips: Yes No 7 to 10 Pumped Poured

Type: hole plug

Date started: 6/25, 20 08

Date completed: 6/25, 20 08

7. Water Level

Static water level: 17 feet below land surface

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

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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

DCNR/DWR RECEIVED

JUL 03 2008

10. DRILLER'S CERTIFICATION

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

Name Elite Drilling Inc. Contractor

Address 4255 W-Post rd. Contractor

Las Vegas, NV 89118

Nevada contractor's license number _____

issued by the State Contractor's Board 0054931

Nevada driller's license number issued by the _____

Division of Water Resources, the on-site driller MW-1869

Signed _____ By driller performing actual drilling on-site or contractor

Date 6/26/08