

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

OFFICE USE ONLY
Log No. 105964
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. 34565

1. OWNER City of North Las Vegas ADDRESS AT WELL LOCATION 1059 N. Main St.
MAILING ADDRESS 2266 Civic Center Dr. North Las Vegas, NV 89030
Subdivision Name: _____ County: Clark
2. LOCATION SE 1/4 SE 1/4 Sec 22 T 20 N 01 W 1 E Latitude N 36° 11' 25.6" UTM E NAD 27
PERMIT/WAIVER No. 139-22-812-001 Longitude W 115° 08' 03.5" N NAD 83/WGS 84
Issued by Water Resources Parcel No. PEW-3

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

6. LITHOLOGIC LOG PEW-3

Material	Water Strata	From	To	Thickness
<u>Fill</u>		<u>0</u>	<u>2</u>	
<u>Sandy clay</u>		<u>2</u>	<u>13</u>	
<u>Sand</u>	<u>13</u>	<u>13</u>	<u>17</u>	
<u>Sandy clay</u>		<u>17</u>	<u>20</u>	
<u>clay</u>		<u>20</u>	<u>25</u>	

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 10 Inches To 25 Feet
Inches _____ Feet _____
Inches _____ 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 slot
Size of perforation 0.20
From 10 feet to 25 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 6 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: #3
Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: Hole plug

7. Water Level
Static water level: 13 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> 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 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 11-1869
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 6/25/08