

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

OFFICE USE ONLY
Log No. 105988
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. 34567

1. OWNER Emily Bros. Inc. ADDRESS AT WELL LOCATION 1300 N. A St.
MAILING ADDRESS 1900 N. A St. Las Vegas, NV 89106-3115 Subdivision Name: _____ County: Clark
2. LOCATION NN 1/4 NE 1/4 Sec 21 T 20 N R 10 E Latitude 36°11'06.2" UTM E NAD 27
PERMIT/WAIVER No. 134-21-501-007 Longitude 115°08'32.2" N NAD 83/WGS 84
Issued by Water Resources Parcel No. SV-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
 Other Auger

6. LITHOLOGIC LOG SV-3

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>1</u>	
<u>Sand & gravel</u>		<u>1</u>	<u>6</u>	
<u>caliche</u>		<u>6</u>	<u>7</u>	
<u>sandy clay</u>	<u>0</u>	<u>7</u>	<u>19</u>	

9. WELL CONSTRUCTION

Depth Drilled 19 Feet Depth Cased 19 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</u>	<u>0</u>	<u>19</u>		

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>19</u>

Perforations:

Type of perforation Factory slot

Size of perforation .020

From 9 feet to 19 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout 0 to 5 Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 7 to 19 Pumped Poured

Type: #3

Bentonite Chips: Yes No 5 to 7 Pumped Poured

Type: Hole plug

Date started: June 10, 20 08

Date completed: June 10, 20 08

7. Water Level

Static water level: _____ feet below land surface

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

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

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 M-18269

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

Date 6/25/08