

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

OFFICE USE ONLY
Log No. 106334
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 Ewing James Leonard Jr & Dixie ADDRESS AT WELL LOCATION 1200 E. Lake Mead Blvd.
MAILING ADDRESS PO Box 363039 N. Las Vegas, NV 89030
N. Las Vegas, NV 89036-7039 Subdivision Name: _____ County: Clark

NOTICE OF INTENT NO. 34579

2. LOCATION SE 1/4 NW 1/4 Sec 13 T 20 N R 61 E Latitude 36.196054° UTM E NAD 27
PERMIT/WAIVER No. MD-25818 134-23-203-015 Longitude -115.126331° N NAD 83/WGS 84
Issued by Water Resources Parcel No. MW-2

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

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Sandy Gravel</u>		<u>1</u>	<u>5</u>	<u>4</u>
<u>Silty sand</u>		<u>5</u>	<u>9</u>	<u>4</u>
<u>Caliche</u>		<u>9</u>	<u>12</u>	<u>3</u>
<u>Silty clay</u>	<u>19</u>	<u>12</u>	<u>25</u>	<u>13</u>

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>8</u> Inches	<u>0</u> Feet <u>25</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>2"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory
Size of perforation .020
From 10 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u> to <u>6</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: #3
Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: Hot plug

Date started: 7/17, 20 08
Date completed: 7/17, 20 08

7. Water Level
Static water level: 19 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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 0054131
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1761
Division of Water Resources, the on-site driller
Signed [Signature] [Signature]
Date 7/21/08
BY [Signature] performing actual drilling on-site or contractor

8. WELL TEST DATA

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

DCNR/DWR RECEIVED
JUL 25 2008