

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

OFFICE USE ONLY
Log No. **107184**
Permit No. **11738**
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. 31808

1. OWNER **Eastland Heights Water Association**
MAILING ADDRESS **1937 Catalpa Trail, Las Vegas NV 89108**

ADDRESS AT WELL LOCATION **1775 Valley Dr.**
Las Vegas, NV 89108

Subdivision Name: **N.A.** County: **Clark**

2. LOCATION SW ¼ SE ¼ Sec 19 T 20S N/S R 61 E
PERMIT/WAIVER No. **11738** **139-19-810-002**
Issued by Water Resources Parcel No.

Latitude **N 36 11 29.7** UTM E NAD 27
Longitude **W 115 11 47.7** N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Install 4 foot swage patch at 452 ft to cover two small holes 12 inch diameter				
36.191596' N				
115.195746' W				
N 00 27 (2)				
PLUGGED BY OWNER				
ORIG PLUG LOG # 2138				
Recondition				
RECEIVED				
OCT 08 2008				
LAS VEGAS OFFICE				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
600		600	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12.75		.25	+1	600

Perforations:

Type of perforation _____
Size of perforation _____

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

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ 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: _____

Date started: **27-Aug** 20 08
Date completed: **27-Aug** 20 08

7. Water Level
Static water level: **112.5** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **Cool** °F
Quality: _____

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			

10. DRILLER'S CERTIFICATION

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

Name **Layne Christensen Company**
Contractor
Address **8050 Arville St. Suite 114**
Contractor
Las Vegas, NV 89139

Nevada contractor's license number issued by the State Contractor's Board **8819101**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1660**

Signed **M. Ho**
By driller performing actual drilling on site or contractor
Date **10/6/2008**