

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

OFFICE USE ONLY  
Log No. **107285**  
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. **33532**

1. OWNER **Public Right-of-way**  
MAILING ADDRESS **None**

ADDRESS AT WELL LOCATION **None**

2. LOCATION **NE NE 27 T 21 N3 R 61 E**  
PERMIT/WAIVER No. **16227599009**

Subdivision Name \_\_\_\_\_ County **Clark**  
Latitude **N 36° 05' 57.4"** UTM E  NAD 27  
Longitude **W 115° 08' 23.5"**  NAD 83 WGS 84

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 **OMW 43 A**

Material	Water Strata	From	To	Thick-ness
Asphalt		0	0.5	0.5
Type II		0.5	2	1.5
Sand & Gravel		2	7	5
caliche		7	8	1
sandy clay		8	11	3
caliche	18'	11	14	3
Sandy clay w/gravel		14	30	

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<b>30</b>		<b>30</b>	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<b>8</b> Inches	<b>0</b> Feet	<b>30</b> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2"</b>	<b>PVC</b>	<b>Sch 40</b>		

Perforations

Type of perforation **Factory slot**

Size of perforation **.020**

From **25** feet to **30** feet

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Annular Seal  Yes  No

Neat Cement \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Cement Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Concrete Grout **1** to **10**  Pumped  Poured

≥30% Bentonite Grout \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Gravel Pack:  Yes  No **24** to **30**  Pumped  Poured

Type: **#3 Sand**

Bentonite Chips:  Yes  No **10** to **24**  Pumped  Poured

Type: **Hide plug**

Date started: **10/14/08** .20 08  
Date completed: **10/14/08** .20 08

7. Water Level  
Static water level: **18'** 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**

NOV 26 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.**  
Address **4255 W. Post Rd.**  
**Las Vegas, NV 89118**  
Nevada contractor's license number **0054931**  
issued by the **State Contractor's Board**  
Nevada driller's license number issued by the **M-1944**  
Division of Water Resources, the **on-site driller**

Signed **Christopher M. Beall**  
By driller performing actual drilling on site or contractor

Date **11-24-08**

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

**LAS VEGAS OFFICE**