

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

OFFICE USE ONLY
Log No. 107287
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. 33537

1. OWNER County of Clark (Aviation) ADDRESS AT WELL LOCATION NONE
MAILING ADDRESS 5175 Rentacar Road
Subdivision Name _____ County Clark
2. LOCATION SW 1/4 NW 1/4 Sec 27 T 21 N S R 61 E Latitude N 30° 05' 40.5" UTM E NAD 27
PERMIT/WAIVER No. 16227201004 Longitude W 115° 09' 01.8" N 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 Other Auger Air

6. LITHOLOGIC LOG PMW-IC

Material	Water Static	From	To	Thickness
Asphalt		0	0.5	
Type II		0.5	2	
Sand caliche		2	6.5	
clay w/sand		6.5	10	
sand w/pebbles	18	18	20	
caliche		2	24	
clay w/cemented layers		24	35	
clay		35	45	

9. WELL CONSTRUCTION
Depth Drilled 45 Feet Depth Cased 45 Feet
ROPE DIAMETER (BIT SIZE)
From 8 Inches To 45 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2" PVC Sch 40 0 45
Type of perforation Factory slot
Size of perforation .020
From 40 feet to 45 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 1 to 10 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No #39 to 45 Pumped Poured
Type: #3 Sand
Bentonite Chips: Yes No 10 to 39 Pumped Poured
Type: Holeplug

Date started: 10/21 :20 08
Date completed: 10/22 :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: <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.
Address 4255 W. Post Rd
Las Vegas, NV 89118
Nevada contractor's license number 0054931
issued by the State Contractors Board
Nevada driller's license number issued by the M-1944
Division of Water Resources, the State Driller
Signed [Signature]
By Driller performing actual drilling on site or contractor
Date 11-24-08

DCNR/DWR
RECEIVED
NOV 26 2008
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY