

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

OFFICE USE ONLY
Log No. 107401
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. 34078

1. OWNER Clark Co. Dept of Aviation ADDRESS AT WELL LOCATION 5322 Leath Ave Rd
MAILING ADDRESS McCarran Int. Airport Las Vegas, NV 89119
P.O. Box 11005 Las Vegas, NV 89111 Subdivision Name: _____ County: Clark

2. LOCATION S01 1/4 NW 1/4 Sec 27 T 21 N R 61 E Latitude N36° 05.749' UTM E NAD 27
PERMIT/WAIVER No. 16272-201-010 Longitude W 115° 09.005' N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other

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

5. WELL TYPE Cable Rotary RVC Other SOX C

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Altuvium (SAND + SMALL GRAIN)</u>		<u>0</u>	<u>14</u>	<u>14</u>
<u>CLICHE</u>		<u>14</u>	<u>21</u>	<u>7</u>
<u>SAND + SMALL GRAIN</u>		<u>21</u>	<u>34</u>	<u>13</u>
<u>RED CLAY</u>		<u>34</u>	<u>60</u>	<u>26</u>

9. WELL CONSTRUCTION

Depth Drilled 60 Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>6"</u>	<u>0</u>	<u>60'</u>	<u>60'</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>50</u>		<u>0</u>	<u>55</u>

Perforations:

Type of perforation Factory slotted
Size of perforation .020

From 55 feet to 60 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 10 to 0 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 52 to 60 Pumped Poured
Type: +3 SAND

Bentonite Chips: Yes No 52 to 10 Pumped Poured
Type: 3/8 Hole plug

Date started: 10/27, 20 08
Date completed: 10/28, 20 08

7. Water Level
Static water level: 20 (Approx) feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
DCNR/DWR RECEIVED		
NOV 14 2008		

10. DRILLER'S CERTIFICATION

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

Name Bonnet Longyear Contractor
Address 12464 McCarran Dr
Summer Fe Springs, Ct 90670
Nevada contractor's license number _____
issued by the State Contractor's Board 0021976
Nevada driller's license number issued by the Division of Water Resources the on-site driller M-2198

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

Date _____