

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

OFFICE USE ONLY
Log No. 107402
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 Clark Co Dept of Aviation ADDRESS AT WELL LOCATION 5164 Kenia Ave Rd NOTICE OF INTENT NO. 34079
MAILING ADDRESS McQueen Int Airport Las Vegas, NV 89119
P.O. Box 11005 Las Vegas, NV 89111 Subdivision Name: _____ County: Clark
2. LOCATION SW 1/4 NW 1/4 Sec 27 T 21 N/S R 6 E Latitude N 36° 05.723 UTM E NAD 27
PERMIT/WAIVER No. 162-27-201-005 Longitude W 115° 09.067 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 Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Other SONCC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>sand & small gravel</u>		<u>0</u>	<u>16</u>	<u>16</u>
<u>artichoke</u>		<u>16</u>	<u>19</u>	<u>3</u>
<u>sand & small gravel</u>		<u>19</u>	<u>24</u>	<u>5</u>
<u>red clay</u>		<u>24</u>	<u>60</u>	<u>36</u>

9. WELL CONSTRUCTION
Depth Drilled 60 Feet Depth Cased 60 Feet
HOLE DIAMETER (BIT SIZE)
6" From 0 To 60
Inches Feet Feet Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2 1/2" 50 40 0 55

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 10 to 52 Pumped Poured
Type: 3/8 Hole plug

Date started: 10/28/08, 20
Date completed: 10/29/08, 20

7. Water Level
Static water level: Approx. 20 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 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 Bruce Longyear Contractor
Address 12464 McQueen Dr. Contractor
Santa Fe Springs, CA 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 Paul Delaney
By driller performing actual drilling on-site of contractor
Date _____

(Rev. 05-06) **LAS VEGAS OFFICE**

USE ADDITIONAL SHEETS IF NECESSARY