

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

OFFICE USE ONLY
Log No. 107822
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form by no later than
noon on the 15th day of the month following the
completion of the well. WSR 691.070 and 691.081

NOTICE OF A TEST NO. 33540

1. OWNED County of Clark (Aviation)
MAILING ADDRESS 5233 Rent A Car Road
Las Vegas, NV 89119

ADDRESS AT WELL LOCATION None
Subsurface Profile None Clark

2. LOCATION SW NW 27 21 NE 61
PERMIT NUMBER No. 162-27-201-010

Lot No. 36-09535097 NAD 83
Longitude 115-1511041 NAD 83 UTM 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 MW-16A

Material	Water Gains	From	To	Thick- ness
Asphalt Type II		0	0.5	0.5
Sand caliche		0.5	2	1.5
clay w/sand caliche		2	10	8
clay w/sand caliche		10	15	5
clay w/sand caliche		15	17	2
clay w/sand caliche		17	18	1
clay w/gravel clay	18	18	40	22
clay		40	42	2

9. WELL CONSTRUCTION
Depth Drilled 42 Feet Depth Cased 42 Feet
HOLE DIAMETER (INCHES)
From 8 Inches To 42 Feet
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PVC	Sch 40	0	42

PERFORATIONS
Type of perforation Factory slot
Size of perforation .020
From 37 feet to 42 feet
From _____ feet to _____ feet

Grout Seal Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 1 to 10 Pumped Poured
 230% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 36 to 42 Pumped Poured
Type: #3 sand
Bentonite Chips: Yes No 10 to 36 Pumped Poured
Type: hole plug

Date started Oct 31 .20 08
Date completed Oct 31 .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-1869
Division of Water Resources, the State of Nevada
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 11/4/08

DCNR/DWR
RECEIVED
NOV 12 2008
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY