

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

OFFICE USE ONLY
Log No. **108150**
Permit No. _____
Basin **220**

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. **26397**

1. OWNER **Shilpa Ghig Clark County water** ADDRESS AT WELL LOCATION **East Lewis Ave**
MAILING ADDRESS **5857 E Flamingo Rd** **Overton NV 89040**
145 Viggas NV 89122 Subdivision Name: _____ County: **Clark**

2. LOCATION **SE 1/4 SW 1/4 Sec 18 T 16 N R 68 E** Latitude **36° 32' 08" N** UTM E NAD 27
PERMIT/WAIVER No. **TNEV2009442 | 021-18-401-019** Longitude **114° 25' 46" 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 Stock
 Municipal/Industrial Monitor

5. WELL TYPE Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|-------------------------------------|-----------|-----------|------------|
| Fill - sand with gravel | | 0 | 1 | 1 |
| Brown damp silty sand lean clay | <input checked="" type="checkbox"/> | 1 | 7 | 6 |
| Dark brown, saturated sandy lean clay | <input checked="" type="checkbox"/> | 7 | 32 | 25 |
| Dark grayish brown saturated silty sand | <input checked="" type="checkbox"/> | 32 | 34 | 2 |

DCNR/DWR RECEIVED
MAR 03 2009
LAS VEGAS OFFICE

9. WELL CONSTRUCTION
Depth Drilled **34** Feet Depth Cased **34** Feet

HOLE DIAMETER (BIT SIZE)
From **0** To **34**
8 inches **0** feet **34** feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2.5 | | | 1 | 4 |

Perforations:
Type of perforation **Slotted**
Size of perforation **.020**
From **4** feet to **34** feet

Annular Seal: Yes No
 Neat Cement to Pumped Poured
 Cement Grout to Pumped Poured
 Concrete Grout to Pumped Poured
 ≥30% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No **3** to **34** Pumped Poured
Type: **#3 Mowbray Sand**
Bentonite Chips: Yes No **0** to **3** Pumped Poured
Type: **med chips**

Date started: **2-3**, 20 **09**
Date completed: **2-6**, 20 **09**

7. Water Level
Static water level: **6** 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) |
|--|--------|-------------------------------|--------------|
| Water level | | 22 | |

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Layne Christensen Co** Contractor
Address **12030 Riggs Rd** Contractor
Chandler AZ 85249
Nevada contractor's license number **0019101**
issued by the State Contractor's Board
Nevada driller's license number issued by the **11-2242**
Division of Water Resources, the on-site driller
Signed **[Signature]**
By driller performing actual drilling on site or contractor
Date **2-24-09**