

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

OFFICE USE ONLY
Log No. **108215**
Permit No. _____
Basin _____

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. **33468**

1. OWNER **Clark County RPM**
MAILING ADDRESS **500 S. Grand Central Pkwy
4th Floor - P.O. Box 551825 - Las Vegas - NV**
2. LOCATION **NE 1/4 NW 1/4 Sec 26 T 21 N R 62 E**
PERMIT/WAIVER No. **161-26-101-008**
Issued by Water Resources Parcel No. _____

ADDRESS AT WELL LOCATION **7050 Wetlands Park Lane
Wetlands Park Nature Center - Las Vegas - NV 89122**
Subdivision Name: **Public Facility** County: **Clark**
Latitude **36.100089° N** UTM E NAD 27
Longitude **-115.022946° W** N NAD 83/WGS 84

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
Sand-clay		0	55	
Sand-small gravel-clay		55	65	
Caliche		65	68	
Clay		68	100	
NW-#1				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
100		100	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
8	0		100	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	3.66	Sch. 40 PUC .154	0	100

Perforations:

Type of perforation **slotted**
Size of perforation **.020**

From **5** feet to **100** feet
From _____ feet to _____ 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 **5** to **100** Pumped Poured
Type: **Lynx Luster #3 sand by Cemex**

Bentonite Chips: Yes No **0** to **5** Pumped Poured
Type: **Pure-Gold-Medium**

Date started: **1-14-09**
Date completed: **1-15-09**

7. Water Level
Static water level: **3.2** feet below land surface
Artesian Flow: **NO** G.P.M. _____ P.S.I. _____
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

DCNR/DWR RECEIVED
JAN 23 2009

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** Contractor
Address **11001 Etiwanda Ave
Fontana, Ca. 92337** Contractor
Nevada contractor's license number **43608**
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1648**
Signed **Willy Casper**
Date **1-21-09**
By driller performing actual drilling on-site or contractor

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE