

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

108694
OFFICE USE ONLY

Log No. 108694
Permit No. 212
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. 33555

1. OWNER NV POWER COMPANY ADDRESS AT WELL LOCATION None
MAILING ADDRESS PO Box 98910
Las Vegas, NV 89193-8910 Subdivision Name: _____ County: Clark

2. LOCATION NW 1/4 SE 1/4 Sec 28 T 21 N R 102 E Latitude 36°05'25.20246"N UTM E NAD 27
PERMIT/WAIVER No. 116128703001 Longitude 115°03'12.13861"W 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

5. WELL TYPE
 Cable Rotary RVC
 Other Arger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Well P-1				
Sandy Clay		0'	5'	5'
Sand & Gravel		5'	10'	5'
Sandy Clay	13'	10'	20'	10'
Stiff Clay		20'	25'	5'

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>8</u>	0	25

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>Sch 40</u>	<u>ASTM F480</u>	<u>0</u>	<u>25</u>

Perforations:

Type of perforation Factory slot
Size of perforation .020

From 10 feet to 25 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 4 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: No. 3 Monterey Sand

Bentonite Chips: Yes No 4 to 8 Pumped Poured
Type: Bentonite Holeplug

Date started: 5/26 2009
Date completed: 5/26 2009

7. Water Level
Static water level: 13 feet below land surface
Artesian Flow: _____ 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			

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. Contractor
Address 4255 W. Post Rd.
Las Vegas, NV 89118
Nevada contractor's license number _____
issued by the State Contractor's Board 0054931
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1944

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 6/29/09