

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

OFFICE USE ONLY
Log No. 108696
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

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 18 T 21 N R 62 E Latitude 36°05'26.31382" N UTM E NAD 27
PERMIT/WAIVER No. 16128703001 Longitude 115°03'03.46410" 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 Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Well P-3</u>				
<u>Dry, Brown Sandy Clay</u>		<u>0'</u>	<u>5'</u>	<u>5'</u>
<u>Stiff Clay</u>		<u>5'</u>	<u>9'</u>	<u>4'</u>
<u>Damp Clay</u>		<u>9'</u>	<u>13'</u>	<u>4'</u>
<u>Moist Clay</u>	<u>14'</u>	<u>13'</u>	<u>25'</u>	<u>12'</u>

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
8 Inches From 0 Feet To 25 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>San Antonio #480</u>		<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .010
From 0 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 0 to A Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 0 to 25 Pumped Poured
Type: No. 3 Monterey sand
Bentonite Chips: Yes No A to 8 Pumped Poured
Type: Bentonite Holey Plug

Date started: 5/26 20 09
Date completed: 5/26 20 09

7. Water Level
Static water level: 14 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"/> Bailer <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. Contractor
Address 4255 W. Post Rd. Contractor
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 Thomas M. Beall
Driller performing actual drilling on-site or contractor
Date 6/29/09