

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

OFFICE USE ONLY
Log No. **108947**
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. **33828**

1. OWNER **ESSLINGER FAMILY TRUST** ADDRESS AT WELL LOCATION **5525 W. CHARLESTON**
MAILING ADDRESS **12932 N. 136TH ST.** **LAS VEGAS NV.**
SCOTT'S DALE AZ 85259 Subdivision Name: _____ County: **CLARK**

2. LOCATION **NE 1/4 NW 1/4 Sec 01 T 21 N/S R 60 E** Latitude **36° 09' 32.12"** UTM E NAD 27
PERMIT/WAIVER No. **163 011 03 025** Longitude **115° 13' 01.59"** 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
 Air Other **HSA**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT		0	25	25
STONE + SAND BASE		25	28.0	1.75
SAND SILT + GRAVEL		28.0	28.0	26.0
CALICHE		28.0	30.0	2.0
SAND + GRAVEL		30.0	35.0	5.0
SILT CLAY		35.0	63.0	28.0
CALICHE		63.0	65.0	2.0

9. WELL CONSTRUCTION

Depth Drilled **65** Feet Depth Cased **65** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
12	0	65	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4		SCH 40 .020	0	65

Perforations:

Type of perforation / **MACHINE SCOT**
Size of perforation **.020**

From **20** feet to **65** feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout **0** to **1** Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout **1** to **15** Pumped Poured

Gravel Pack: Yes No **17** to **65** Pumped Poured
Type: **NO. 3**

Bentonite Chips: Yes No **15** to **17** Pumped Poured
Type: **3/8" SEAL**

Date started: **9-11** 20 **09**
Date completed: **9-11** 20 **09**

7. Water Level
Static water level: **NONE** 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 **EAGLE DRILLING** Contractor
Address **7150 PLACID ST LAS VEGAS NV. 89119** Contractor

Nevada contractor's license number issued by the State Contractor's Board **51266**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2357**

Signed **Mindy Winkler**
By driller performing actual drilling on-site or contractor
Date **9-14-2009**