

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

OFFICE USE ONLY
Log No. **108949**
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 **5526 W. CHARLESTON**
MAILING ADDRESS **12932 N. 136TH ST.** **LAS VEGAS NV**
SCOTTSDALE 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 17** UTM E NAD 27
PERMIT/WAIVER No. **16301103025** Longitude **115° 13.02 00** 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	Thick-ness
ASPHALT		.0	.25	.25
STONE + SAND BASE		.25	2.0	1.75
SAND SILT + GRAVEL		2.0	31.5	29.5
CALICHE		29.5	33.5	2.0
SILT CLAY		33.5	41.0	7.5
CALICHE		41.0	43	.20
SKM CLAY		43	65	22

MW 4
FACILITY ID. NO. **8-000161**

9. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
12	0	65	

CASING SCHEDULE

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

Perforations:

Type of perforation **MACHINE SLOT**
Size of perforation **.020**

From **20** feet to **65** 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: **304 SEAL**

Date started: **9-14** 20 **09**
Date completed: **9-14** 20 **09**

7. Water Level

Static water level: _____ 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"/> Bailor			
<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 **51266**
Issued by the State Contractor's Board
Nevada driller's license number issued by the **2357**
Division of Water Resources, the on-site driller

Signed **Phil J. Wiktor**
By driller performing actual drilling on-site or contractor
Date **9-14-2009**

