

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

OFFICE USE ONLY
Log No. 109189
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. 34219

1. OWNER CLARK COUNTY ADDRESS AT WELL LOCATION NO ADDRESS
MAILING ADDRESS 500 S. GRAND CENTRAL PKWY. PUBLIC RIGHT OF WAY
LV. NV. 89101 Subdivision Name: _____ County: _____

2. LOCATION NW 1/4 NW 1/4 Sec 18 T 20 N R 61 E Latitude 36° 13.51.53" N UTM E NAD 27
PERMIT/WAIVER No. 190-18-199-010 Longitude 115° 05.39.92" 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 Monitor Stock Municipal/Industrial

5. WELL TYPE Cable Rotary RVC Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
STONE FILL		0	1.5	1.5
SANDSTONE FILL		1.5	3	1.5
SANDY BROWN CLAY		3	13	10
SILTY BROWN CLAY		13	39	26
SILTY SANDY BROWN CLAY	YES	39	50	11
FACILITY ID. NO. <u>8-000523</u>				

9. WELL CONSTRUCTION

Depth Drilled 50 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>10</u> inches	<u>0</u> feet	<u>50</u> feet	
_____ inches	_____ feet	_____ feet	
_____ inches	_____ feet	_____ feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SCH 40</u>	<u>0</u>	<u>50</u>

Perforations:

Type of perforation MACHINE SLOT
Size of perforation .020

From 25 feet to 50 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 1 Pumped Poured
 ≥30% Bentonite Grout 1 to 21 Pumped Poured

Gravel Pack: Yes No 23 to 50 Pumped Poured

Type: _____
Bentonite Chips: Yes No 21 to 23 Pumped Poured
Type: 7/8" SEAL

7. Water Level

Static water level: 39 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			

APR 29 2009

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 Matt Wicketor
By driller performing actual drilling on-site or contractor
Date 4-26-2009