

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

OFFICE USE ONLY
Log No. 109203
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. 32429

1. OWNER Clark County Regional Flood Control District ADDRESS AT WELL LOCATION between Sloan & Treeline
MAILING ADDRESS 600 S. Grand Central Pkwy Suite 300 MW-33 (Sloan Channel)
Las Vegas, NV, 89106 Subdivision Name: _____ County: Clark

2. LOCATION SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 3 T 21S N/S R 62 E Latitude 36.14985 UTM E NAD 27
PERMIT/WAIVER No. MO-2834 16103296001 Longitude 115.04311 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill	x	0	4	4
Clayey gravel		4	6	2
sandy silt		6	10	4
clayey sand		10	16	6
sandy clay		16	20	4
silty sand		20	26	6
clayey sand		26	33	7

9. WELL CONSTRUCTION

Depth Drilled 33 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)

From	To
8 inches	0 Feet
_____ inches	_____ Feet
_____ inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	.70	Sch 40	0	30

Perforations:

Type of perforation Factory Slotted

Size of perforation .020

From 20 feet to 30 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 to _____ Pumped Poured

\geq 30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 17 to 33 Pumped Poured

Type: Monterey Sand #3

Bentonite Chips: Yes No 1 to 17 Pumped Poured

Type: Med Bent Chips

7. Water Level

Static water level: _____ feet below land surface

Artesian Flow: 8 G.P.M. n/a P.S.I.

Water Temperature: n/a °F

Quality: Good

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
		.5

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Exploration & Wells
Contractor

Address _____
Contractor

N. Las Vegas, NV, 89030

Nevada contractor's license number _____
issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-2381

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 11-4-09