

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

OFFICE USE ONLY
Log No. 109527
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. 34222
3251 N. LAS VEGAS BLVD.

1. OWNER WENDYS L. KING.
MAILING ADDRESS 1328 DUBLIN RD #300
COLUMBUS OHIO 43215
2. LOCATION NW 1/4 NW 1/4 Sec 18 T 20 N/S R 61 E
PERMIT/WAIVER No. 140-18-101-006
issued by Water Resources Parcel No. _____

ADDRESS AT WELL LOCATION LAS VEGAS NV.
Subdivision Name: _____ County: CLARK
Latitude 36° 13.01.24" N UTM E NAD 27
Longitude 115° 05.44.04" W N NAD 83/WGS 84

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT		0	.25	.25
STONE FILL		.25	1.0	1.75
SAND W/ M STONE FILL		1.0	3.0	2.0
SILTY SANDY CLAY		3.0	17.0	14
SILTY CLAY		17.0	26.0	9
SILTY SANDY CLAY		26.0	39.0	13
SILTY CLAY	YES	39.0	65	26

FACILITY ID NO. 8-000523

9. WELL CONSTRUCTION

Depth Drilled 65 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10</u>	<u>0</u>	<u>65</u>		

CASING SCHEDULE

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

Perforations:

Type of perforation MACHINE SCOT
Size of perforation .020

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

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to .5 Pumped Poured
 ≥30% Bentonite Grout .5 to 21 Pumped Poured

Gravel Pack: Yes No 23 to 50 Pumped Poured
Type: NO. 3

Bentonite Chips: Yes No 50 to 65 Pumped Poured
Type: 3/8" + 21-23 SEAL

Date started: 4.20, 20 09
Date completed: 4.20, 20 09

7. Water Level
Static water level: 41 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			

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 PLACIO 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 MUD J. W. JONES
By driller performing actual drilling on-site or contractor
Date 4.26.2009