

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

OFFICE USE ONLY
Log No. 110955
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

1. OWNER County of Clark (Auction) ADDRESS AT WELL LOCATION No Address NOTICE OF INTENT NO. 32318
MAILING ADDRESS P.O. Box 11005 Client No. AS-11
Las Vegas NV. 89119-11005 Subdivision Name: _____ County: Clark
2. LOCATION SU 1/4 NW 1/4 Sec 27 T 21 N R 61 E Latitude N36° 05' 46.6" UTM E NAD 27
PERMIT/WAIVER No. 162-27-201-084 Longitude W115° 09' 01.89" 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 Stock Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Fill Above Agg. Base</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Fill Gravelly Sand</u>		<u>1</u>	<u>6</u>	<u>5</u>
<u>Gravelly Sand</u>		<u>6</u>	<u>9</u>	<u>3</u>
<u>Caliche</u>		<u>9</u>	<u>12</u>	<u>3</u>
<u>Clayey Sand</u>		<u>12</u>	<u>17</u>	<u>5</u>
<u>Caliche</u>	<u>yes</u>	<u>17</u>	<u>21</u>	<u>4</u>
<u>Clayey Sand</u>	<u>yes</u>	<u>21</u>	<u>25</u>	<u>4</u>

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 25
Inches Feet
Inches Feet
Inches Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2" Schedule 40 PVC ASTM F-480 0 25

Perforations:
Type of perforation Factory Slots
Size of perforation 0.20
From 23 feet to 25 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 22 to 25 Pumped Poured
Type #12 Silica Sand
Bentonite Chips: Yes No 3 to 22 Pumped Poured
Type 3/8 Bentonite Chips - Upper Portion of well
completed as part of a vapor extraction system

Date started: 1-20 _____ 20 10
Date completed: 1-20 _____ 20 10
7. Water Level
Static water level: 18.1 feet below land surface
Artesian Flow: NA G.P.M. _____ P.S.I. _____
Water Temperature: Not Measured °F
Quality: POOR

10. DRILLER'S CERTIFICATION
this well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling, Inc. Contractor
Address 4255 W. Post Rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number 54931
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1944
Division of Water Resources, the on-site driller
Signed Thomas M. Beall
By driller performing actual drilling on-site or contractor
Date 2/15/10

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Not Tested</u>			