

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

OFFICE USE ONLY
Log No. 110958
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 (Aviation) ADDRESS AT WELL LOCATION NO Address NOTICE OF INTENT NO. 32318
MAILING ADDRESS P.O. Box 11005 Client No. AS-14
Las Vegas, NV 89119-1005 Subdivision Name: _____ County: Clark
2. LOCATION SW 1/4 NW 1/4 Sec 27 T 21 N R 61 E Latitude N36°05'46.3" UTM E NAD 27
PERMIT/WAIVER No. 16227-201-001 Longitude W115°09'01.9" 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fill A/Cover Agg. base		0	1	1
Fill G.A. V. Sand		1	6	5
Gravelly Sand		6	10	4
Caliche		10	12	2
Clayey Sand		12	18	6
Caliche	yes	18	21	3
Clayey Sand	yes	21	25	4

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 6 Inches To 25 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 1/2</u>	<u>Sch 40 DWK</u>	<u>ASTM F-480</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory Slots
Size of perforation 0.20
From 23 feet to 25 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
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 22 to 25
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 deeper artesian system by others

Date started: 1-18 20 10
Date completed: 1-18 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
Quality: Poor

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			
<u>Not Tested</u>			

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

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY