

WELL DRILLER'S REPORT

Log No. 111063
 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. 32445

1. OWNER CITY OF LAS VEGAS Redevelopment ADDRESS AT WELL LOCATION 1501 N
 MAILING ADDRESS 400 STEWART AVE DECATUR
LAS VEGAS NV 89101 Subdivision Name: _____ County: CLARK

2. LOCATION NE 1/4 NE 1/4 Sec 25 T 20 N R 60 E Latitude 36.111154 UTM E NAD 27
 PERMIT/WAIVER No. 13825519002 Longitude 115.122299 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 H.S.H.

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Type #</u>		<u>0</u>	<u>2</u>	<u>2'</u>
<u>gravel clay</u>		<u>2'</u>	<u>8</u>	<u>6'</u>
<u>clay sand</u>		<u>8'</u>	<u>12</u>	<u>4'</u>
<u>caiehl</u>		<u>12</u>	<u>20</u>	<u>8'</u>
<u>clay sand gravel</u>		<u>20</u>	<u>30</u>	<u>10'</u>

9. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
8 1/2" From 0 To 30
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>5 ch 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type of perforation PVC screen
 Size of perforation 0.020
 From 15 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 0 to 2' Pumped Poured
 Concrete Grout to _____ Pumped Poured
 =30% Bentonite Grout to _____ Pumped Poured
 Gravel Pack: Yes No 12 to 30 Pumped Poured
 Type: Camex sand #3
 Bentonite Chips: Yes No 2 to 12 Pumped Poured
 Type: Bentonite chips 3/8"

Date started: 12 29 , 20 09
 Date completed: 12 29 , 20 09

7. Water Level
 Static water level: 20 feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: _____

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)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name ENABLE Drilling SERVICES LLC
 Address 7150 placid street
Las Vegas NV 89119
 Nevada contractor's license number 51266
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 2097
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1-29-10

(Rev. 03-05)
DCNR/DWR RECEIVED
 JAN 27 2010
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY