

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

OFFICE USE ONLY
Log No. 111145
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 Bouquet Inc. ADDRESS AT WELL LOCATION 2885 S. Nellis Blvd. NOTICE OF INTENT NO. 32313
MAILING ADDRESS 995 Temple View Dr. Las Vegas, NV 89110
Subdivision Name _____ County: CLARK
2. LOCATION SE 1/4 NE 1/4 Sec 8 T 21 N R 12 E Latitude 36°08'13.65" UTM E _____ NAD 27
PERMIT/WAIVER No. 161-096-03008 Longitude 115°03'56.78" 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>MW-1</u>				
<u>asphalt</u>		<u>0</u>	<u>.5</u>	<u>.5</u>
<u>Type II</u>		<u>.5</u>	<u>2.0</u>	<u>1.5</u>
<u>sand w/ clay</u>	<u>11.2</u>	<u>2.0</u>	<u>20</u>	<u>18</u>
<u>sand w/ gravel</u>		<u>20</u>	<u>25</u>	<u>5</u>

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 25 Feet
Inches 0 Feet _____ Feet
Inches _____ Feet _____ Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2" PVC Sch 40 0 25

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 10 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 6 to .5 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: #12 sand
Bentonite Chips: Yes No 6 to 8' Pumped Poured
Type: 3/8 Hole plug

Date started: Dec. 19 : 20 09
Date completed: _____ : 20 _____

7. Water Level
Static water level: 11.2 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			

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 _____
issued by the State Contractor's Board 0054931
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-1944
Signed Thomas W. Beall
By driller performing actual drilling on-site or contractor
Date 12/28/09

USE ADDITIONAL SHEETS IF NECESSARY