

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

OFFICE USE ONLY
 Log No. 11158
 Permit No. _____
 Basin 212

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 32488

1. OWNER Public Right of way
 MAILING ADDRESS 5005 Grand central
Phonix LV NV

ADDRESS AT WELL LOCATION Sahara Ave
Rancho Delvist 1750
 Subdivision Name: _____ County: Clerk

2. LOCATION SE 1/4 SW 1/4 Sec 3 T 21 N/S R 62 E
 PERMIT/WAIVER No 16103499011
Issued by Water Resources Parcel No. _____

Latitude 36.054053 UTM E NAD 27
 Longitude 115.023362 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 USA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ASPHALT CONCRETE</u>		<u>0</u>	<u>6"</u>	<u>6"</u>
<u>GRAVEL</u>		<u>6"</u>	<u>2'</u>	<u>1.6'</u>
<u>SAND GRAVEL</u>		<u>2'</u>	<u>10'</u>	<u>8'</u>
<u>GRAVEL SANDY CLAY</u>		<u>10'</u>	<u>25'</u>	<u>15'</u>

9. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 Inches 0 Feet 25 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ 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>SCH 40</u>	<u>0</u>	<u>25'</u>

Perforations:
 Type of perforation SLOTTED SECTION
 Size of perforation .020 IN
 From 5' 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 0 to 2' Pumped Poured
 =30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No 4.5 to 25' Pumped Poured
 Type: 12 SLICKER SAND
 Bentonite Chips: Yes No 2' to 4.5 Pumped Poured
 Type: 3/8 Hole PLUGS

DCNR/DWR
 RECEIVED
 MAY 21 2010

LAS VEGAS OFFICE

Date started: 8-4-10, 20
 Date completed: 8-7-10, 20

7. Water Level
 Static water level: 9.5 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"/> Bailer <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 Eagle Drilling Contractor
 Address 7150 Placid ST
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 Division of Water Resources, the on-site driller 2097
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 8-17-10

(Rev. 05-00)

USE ADDITIONAL SHEETS IF NECESSARY