

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

OFFICE USE ONLY
Log No. 111277
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. 32324

1. OWNER Nevada Power Company ADDRESS AT WELL LOCATION Clark station
MAILING ADDRESS P.O. Box 48910 Las Vegas, NV 89193-8910 Power Plant Las Vegas NV
Subdivision Name: _____ County: Clark

2. LOCATION NE 1/4 SE 1/4 Sec 28 T 21 N R 62 E Latitude N 36° 05' 32.3" UTM E _____ NAD 27
PERMIT/WAIVER No. 16-28-703-002 Longitude W 115° 02' 52.7" 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>sandy clay</u>		<u>0</u>	<u>15</u>	<u>15'</u>
<u>sand</u>		<u>15</u>	<u>18</u>	<u>3</u>
<u>sandy clay</u>	<u>11'</u>	<u>18</u>	<u>28</u>	<u>10</u>
<u>2 feet of sand was placed below pipe.</u>				

9. WELL CONSTRUCTION

Depth Drilled 30 Feet Depth Cased 28' Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10"</u>	<u>0</u>	<u>30'</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>28'</u>

Perforations:

Type of perforation Factory slot
Size of perforation .020

From 8 feet to 28' feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0' to 4' Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 6' to 30' Pumped Poured
Type: 12 sand

Bentonite Chips: Yes No 4' to 6' Pumped Poured
Type: hole plug

Date started: 3/23, 20 10
Date completed: 3/23, 20 10

7. Water Level

Static water level: 11' 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.
Address 4255 W. Post rd.
Las Vegas, NV 89118
Nevada contractor's license number 0054931
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1869
Division of Water Resources, the on-site driller

Signed _____
By driller performing actual drilling on-site or contractor
Date 3/23/10