

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

OFFICE USE ONLY
Log No. **112370**
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. **35583**
Management **Clark**
ADDRESS AT WELL LOCATION: **3700 W. Charleston Blvd Las Vegas, NV**

1. OWNER **Las Vegas Valley Water District**
MAILING ADDRESS **100 S. Valley View Blvd Las Vegas, NV**
M595 Las Vegas, NV 89107-4447

Subdivision Name _____ County: _____
Latitude **N 36.1592°** UTM E NAD 27
Longitude **W 115.1906** N NAD 83/WGS 84
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
 Other: **Auger**

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|--|--------------|-----------|-----------|-----------|
| FIU Asphaltic Concrete-App Base | | 0 | 2 | 2 |
| Sandy Clay | | 2 | 7 | 5 |
| SILTY SAND | | 7 | 10 | 3 |
| SANDY CLAY | | 10 | 14 | 4 |
| SILTY SAND w/day | | 14 | 17 | 3 |

9. WELL CONSTRUCTION
Depth Drilled **17** Feet Depth Cased **17** Feet
HOLE DIAMETER (BIT SIZE)
From **0** To **17**
8 Inches _____ Feet _____
_____ Inches _____ Feet _____
_____ Inches _____ Feet _____

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------------|-----------------------|
| 2 | sch 40 | PVC | ASTM F-490 | 0 to 17 |

Perforations:
Type of perforation **Factory Slots**
Size of perforation **020**
From **7** feet to **17** 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 **6** to **17** Pumped Poured
Type: **#12 Monterey Sand**
Bentonite Chips: Yes No **2** to **6** Pumped Poured
Type: **3/8 Hydrated Bentonite Hole Plug**

Date started: **10-29**, 20 **10**
Date completed: **10-29**, 20 **10**

7. Water Level
Static water level: **5.3** 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) |
|--|--------|-------------------------------|--------------|
| NA. | | | |

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.**
Las Vegas, NV, 89118
Nevada contractor license number _____
issued by the State Contractor's Board **054931**
Nevada driller's license number issued by the Division of Water Resources the on-site driller **M-1944**
Signed **Thomas M. Beall**
By driller performing actual drilling on-site or contractor
Date **11/11/10**

DCNR/DWR
RECEIVED
NOV 17 2010

LAS VEGAS OFFICE

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY