

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

OFFICE USE ONLY
Log No. 112500
Permit No. _____
Basin 219

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. 34398

1. OWNER SOUTHERN NEVADA WATER AUTHORITY ADDRESS AT WELL LOCATION 4240 WARM SPRINGS RD.
MAILING ADDRESS 90 LAND ACQUISITION MORAGA NEVADA
PO BOX 99956 LAS VEGAS NEVADA 89193 Subdivision Name: _____ County: CLARK

2. LOCATION SE 1/4 SR 16 T 14 N R 65 E Latitude 36° 42' 43.96" UTM E NAD 27
PERMIT/WAIVER No. 03016701008 Longitude 114° 42' 45.20" 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
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>DAMP BROWN SAND WITH SAND + GRAVEL FILL</u>		<u>0.0</u>	<u>8.0</u>	<u>8.0</u>
<u>MOIST BROWN SILT CLAY WITH SOME SAND + GRAVEL</u>		<u>8.0</u>	<u>30.5</u>	<u>22.5</u>

FACILITY ID NO. A-002200

9. WELL CONSTRUCTION

Depth Drilled 30.5 Feet Depth Cased 30.5 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<u>8</u> Inches	<u>0</u> Feet	<u>30.5</u> Feet	<u>30.5</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SC440</u>	<u>0</u>	<u>30.5</u>

Perforations:

Type of perforation MACHINE SLIT
Size of perforation 0.020

From 5 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 to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout 0 to 1 Pumped Poured

Gravel Pack: Yes No 3 to 30.5 Pumped Poured
Type: NO. 3

Bentonite Chips: Yes No 1 to 3 Pumped Poured
Type: 3/8"

Date started: 10 - 18 - 20 10
Date completed: 10 - 18 - 20 10

7. Water Level
Static water level: 23.5 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	DCNR/DWR RECEIVED	
	OCT 27 2010	

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 PLACIO ST LAS VEGAS 89119 Contractor

Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2357

Signed Matt Walker
By driller performing actual drilling on-site or contractor
Date 10-25-2010

(Rev. 05-05) **LAS VEGAS OFFICE** USE ADDITIONAL SHEETS IF NECESSARY