

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 112657
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **35497**

1. OWNER **University Board of Regents**
 MAILING ADDRESS **4505 S. Maryland Pkwy**
Las Vegas, NV 89154
 ADDRESS AT WELL LOCATION **4505 S. Maryland Pkwy**
LAS VEGAS, NV

2. LOCATION **SW 1/4 SE 1/4 Sec 22 T 21 S R 61 E** **CLARK** County
 PERMIT NO. **DW1304** **162-22-801-001**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
1-40' Dewatering well				
Type 2		0	2	2
Silt		2	6	4
Fractured caliche		6	7	1
Silty clay		7	14	7
Sand & gravel	x	14	15	1
Fracture caliche		15	17	2
Silty clay		18	23	6
Hard caliche		23	26	3
Small rock & gravel		26	27	1
Red clay		27	32	5
Caliche		32	34	2
Red silty clay		34	40	6
WGS84				
N36 06. 247'				
W115 08. 617'				

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **0** Feet **40** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14	37	.250	0	40

Perforations:
 Type perforation **Machine**
 Size perforation **1/4"**
 From **20** feet to **40** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ **14** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **ALLEN DRILLING INC.**
 (CONTRACTOR)

LAS VEGAS OFFICE
 Date started **8/9**, 20 **10**
 Date completed **8/12**, 20 **10**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down		
	(Feet Below Static)		
G.P.M.			Time (Hours)

Address **4015 WEST TOMPKINS AVE.**
 (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231-Victor Estes**
 Signed **Victor Estes**
 By driller performing actual drilling on site or contractor
 Date **September 9, 2010**