

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. 112662
 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	4	2
Fractured caliche		4	5	1
Silty clay		5	10	5
Caliche		10	12	2
Sand & gravel	x	12	13.5	1.5
Silty clay		13.5	16	2.5
Fractured caliche		16	18	2
Silty clay		18	22	4
Hard caliche		22	25	3
Small rock & gravel		25	26	1
Red clay		26	30	4
Fractured caliche		30	32	2
Red silty clay		32	40	8
WGS84				
N36 06. 208'				
W115 08. 623'				

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

9. WATER LEVEL
 Static water level _____ 12 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)

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		
	G.P.M.	(Feet Below Static)	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