

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

OFFICE USE ONLY
Log No. 112715
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. 35233

1. OWNER Clark County (Public Right of Way) ADDRESS AT WELL LOCATION 200 E Virginia
MAILING ADDRESS 500 S. Grand Central Pkwy
Las Vegas, NV Subdivision Name: _____ County: Clark

2. LOCATION NE ¼ SE ¼ Sec 13 T 16S N/S R 67 E Latitude 36 32'25.80 UTM E NAD 27
PERMIT/WAIVER No. DW-1299 7013701017 Longitude 114 26'32.06 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 Monitor Municipal/Industrial
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
See Attached Well #71				
Sta 410+50				

9. WELL CONSTRUCTION

Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>40</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>6</u>	<u>3/8</u>	<u>0</u>	<u>40</u>

Perforations:

Type of perforation machine slot
Size of perforation 0.032

From <u>20</u>	feet to <u>40</u>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	<u>10</u> to <u>12</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

Gravel Pack: Yes No 12 to 40 Pumped Poured
Type: 3/8 Pea Gravel

Bentonite Chips: Yes No 10 to 12 Pumped Poured
Type: 3/8's

Date started: 9-Dec, 2009
Date completed: 9-Dec, 2009

7. Water Level
Static water level: 13 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
DNDR/DWR RECEIVED			
SEP 02 2010			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Viking Drillers Inc Contractor
Address 801 Northport Dr. Contractor
West Sacramento, CA

Nevada contractor's license number 0034680
issued by the State Contractor's Board

Nevada driller's license number issued by the DEW-2361
Division of Water Resources, the on-site driller

Signed _____
By driller performing actual drilling on site or contractor

Date 1/29/2010