

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

OFFICE USE ONLY
Log No. 113601
Permit No. 1103
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

1. OWNER DANA LEBARON
MAILING ADDRESS P.O. BOX 95704 LAS VEGAS NV. 89193

ADDRESS AT WELL LOCATION PAWNEE ST. & JASPER AVE SANDY VALLEY NV.
Subdivision Name: _____ County: CLARK

NOTICE OF INTENT NO. 35218

2. LOCATION SE/4 NE/4 Sec 26 T 24 N R 56 E
PERMIT/WAIVER No. 200-26-501-006
Issued by Water Resources Parcel No. _____

Latitude 35° 50' 25.4" UTM E NAD 27
Longitude 115° 39' 41.3" N NAD 83/WGS 84

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
 Air Other

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
SANDY LOAM		0	6	6
CLAY		6	30	24
CALICHE		30	34	4
CLAY + GRAVEL		34	44	10
CALICHE		44	50	6
CLAY + GRAVEL		50	84	34
CALICHE	W.B	84	89	5
CLAY + GRAVEL		89	105	16
CALICHE	W.B	105	115	10
CLAY		115	128	13
CALICHE	W.B	128	140	12

9. WELL CONSTRUCTION
Depth Drilled 140 Feet Depth Cased 140 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 140
12 1/4 Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.58</u>	<u>4.33</u>	<u>PVC SCH 40 .316</u>	<u>0</u>	<u>140</u>

Perforations:
Type of perforation SAW CAT
Size of perforation 8" INCH BY 6" INCH 4 ROW
From 140 feet to 100 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 50 ft to SURFACE Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 140 to 50 Pumped Poured
Type: 3/8" PEA GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 3-30, 20 11
Date completed: 3-30, 20 11

7. Water Level
Static water level: 79 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COOL °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)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name BUDGET DRILLING CO. Contractor
Address P.O. BOX 3505 AHVAMP NV. 89041 Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board 40020
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1573
Signed Dennis Brown
By driller performing actual drilling on-site or contractor
Date 3-31-2011