

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

OFFICE USE ONLY
Log No. 114414
Permit No. _____
Basin 212

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 Flamingo Las Vegas Propco LLC ADDRESS AT WELL LOCATION 3555 S. Las Vegas Blvd
MAILING ADDRESS 2400 Lake Orange Dr #200
Orlando, FL 32837 Subdivision Name: _____ County: Clark

NOTICE OF INTENT NO. 35609

2. LOCATION SW 1/4 SW 1/4 Sec 16 T 21 N 01 E Latitude 36.1174 UTM E NAD 27
PERMIT/WAIVER No. MO-2889 1102-10-412-001 Longitude -115.1697 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 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0	5	5
Sandy gravel		5	7	1.5
Clayey sand w/gravel		7	8	1
Silty sand w/gravel		8	11	3
Caliche		11	15	4
Sand w/silt & gravel	13	15	18	3
Caliche		18	20	2
Clayey sand		20	25	5
Clayey sand w/gravel		25	27	2
stiff clay		27	29	2
Caliche		29	30	1
stiff clay				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>30</u>		<u>30</u>	

HOLE DIAMETER (BIT SIZE)

	From	To	Feet	Feet
<u>5</u> Inches	<u>0</u>	<u>30</u>		
_____ Inches	_____	_____	_____	_____
_____ Inches	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>sch 40</u>	<u>PVC ASTM F480</u>	<u>0</u>	<u>30</u>
_____	_____	_____	_____	_____

Perforations:
Type of perforation .020
Size of perforation Factory slot
From 15 feet to 30 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 2 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 13 to 30 Pumped Poured
Type: #3 sand
Bentonite Chips: Yes No 2 to 13 Pumped Poured
Type: 3/8 Bentonite Hole Plug

Date started: 8/1, 20 11
Date completed: 8/1, 20 11

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

DRILLER/DWR RECEIVED
SEP 01 2011

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc. Contractor
Address PO Box 96565 Contractor
Las Vegas, NV 89193-6565
Nevada contractor's license number _____
issued by the State Contractor's Board 0054931
Nevada driller's license number issued by the Division of Water Resources M-1869
Signed _____
By driller performing actual drilling on-site or contractor
Date 8/26/11