

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

OFFICE USE ONLY
Log No. 114948
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

NOTICE OF INTENT NO. 35619

1. OWNER Public Right-A-way ADDRESS AT WELL LOCATION Under Desert Inn over pass Highland
MAILING ADDRESS 500 S Grand Central Hwy Las Vegas NV 89101 Subdivision Name: _____ County: Clark
2. LOCATION SE 1/4 SE 1/4 Sec 08 T 21 N R 61 E Latitude 36°07.91' UTM E NAD 27
PERMIT/WAIVER No. 16208-899-039 Longitude 115°10.507 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sand & gravel</u>		<u>0</u>	<u>5</u>	
<u>caliche</u>		<u>5</u>	<u>8</u>	
<u>clay w/sand</u>	<u>8</u>	<u>8</u>	<u>20</u>	
<u>clay w/layered sand</u>		<u>20</u>	<u>32</u>	

9. WELL CONSTRUCTION
Depth Drilled 32 Feet Depth Cased 32 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 32
Inches Feet Inches Feet
Inches Feet Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>32</u>

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 22 feet to 32 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 1 to 5 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 20 to 32 Pumped Poured
Type: #8
Bentonite Chips: Yes No 5 to 20 Pumped Poured
Type: Hole plug

Date started: 2/14, 20 12
Date completed: 2/14, 20 12

7. Water Level
Static water level: 8 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA
TEST METHOD: Bailer Pump Air Lift
G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____
DCNR/DWR RECEIVED
FEB 28 2012

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 4255 W. Post rd. Contractor
Las Vegas, NV 89118
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, the on-site driller M-1869
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 2/23/12