

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

OFFICE USE ONLY
Log No. 117282
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. 36827

1. OWNER SSI Land LLC ADDRESS AT WELL LOCATION N/
MAILING ADDRESS 401 N. Green Valley Pkwy #20
Henderson, NV 89074-7105 Subdivision Name: _____ County: Clark
2. LOCATION SW 1/4 SW 1/4 Sec 32 T 21 N R 62 E Latitude 36°47'28.08" N UTM E NAD 27
PERMIT/WAIVER No. H-000278 161-32-410-007 Longitude 115°44'4.93" W 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 Monitor
 Municipal/Industrial Stock _____
5. WELL TYPE
 Cable Rotary RVC
 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand gravel		0	2	2
Sand gravel w/clay		2	5	3
Caliche		5	6	1
Sand gravel		6	7	1
Caliche		7	9	2
Sand w/clay		9	14	5
Caliche		14	17	3
Sand w/clay		17	20	3
Caliche		20	31	11
Sand gravel w/clay		31	35	4
Sandy clay		35	40	5

9. WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2" PVC Sch 40 0 40

Perforations:
Type of perforation Factor slot
Size of perforation 0.20
From 20 feet to 40 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout 1 to 16 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 18 to 40 Pumped Poured
Type: #8
Bentonite Chips: Yes No 16 to 18 Pumped Poured
Type: Hole plug

Date started: 5/8, 20 13
Date completed: 5/8, 20 13

7. Water Level
Static water level: 23 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"/> Bailor <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 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 _____
By driller performing actual drilling on-site or contractor
Date 5/9/13

DCNR/DWR/SNBO
RECEIVED
MAY 10 2013