

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

OFFICE USE ONLY
Log No. 120052
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. 36838

1. OWNER Matt Kershaw CC Credit Union ADDRESS AT WELL LOCATION 3940 N. Martin L King
MAILING ADDRESS P.O. Box 36490 Las Vegas NV N. Las Vegas NV
89133-6490 Subdivision Name: _____ County: Clark

2. LOCATION NW 1/4 NE 1/4 Sec 9 T 20 N R 61 E Latitude 36°13'52.99N UTM E NAD 27
PERMIT/WAIVER No. 1381-09-501-021 Longitude 115°09'39.57W 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 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0	5	
sand gravel		5	4	
clay w/sand		4	20	
intermittent layer of caliche		20	35	
sand		35	40	
caliche		40	41	
clay w/some sand		41	85	

9. WELL CONSTRUCTION

Depth Drilled 85 Feet Depth Cased 85 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>8</u>	<u>0</u>	<u>85</u>	<u>85</u>

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>85</u>

Perforations:

Type of perforation Factory slot
Size of perforation .020

From 65 feet to 85 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 1 to 60 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 63 to 85 Pumped Poured
Type: #3
Bentonite Chips: Yes No 60 to 63 Pumped Poured
Type: Half plug

Date started: 4/13 , 20 14
Date completed: 4/13 , 20 14

7. Water Level
Static water level: 73' 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			

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 0054931
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1869
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 4/16/14