

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

OFFICE USE ONLY
Log No. 123392
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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 37447
WELL NAME (if applicable): 2

1. OWNER/CLIENT NAME Clark County Water Reclamation
MAILING ADDRESS 5857 E. Flamingo Rd LV NV 89122

DETAILED ADDRESS AT WELL LOCATION Broadbent & Tropicana

2. PLS LOCATION NE 1/4 NE 1/4 27 Sec 21 N 62 E
PERMIT/WAIVER NO. DW1392 161-27-599-003
Issued by Water Resources Current Parcel No

Subdivision Name: _____ County Clark
Latitude 36° 6' 0.25" N UTM E NAD 27
Longitude 115° 1' 54.44" W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Dewater Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
<u>Dirt Sandy silt</u>			<u>0</u>	<u>10</u>
<u>Running mud</u>				
<u>Light yellow sand</u>			<u>10</u>	<u>17</u>
<u>Clay with sand</u>				
<u># gravel streaks</u>			<u>17</u>	<u>50</u>
<u>Water level 15'</u>				

9. INSTRUCTION

Depth Drilled: 50 Feet Depth Cased: 50 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>24</u>	<u>0</u>	<u>50</u>

#2

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12 3/4</u>		<u>1/4</u>	<u>50</u>	<u>+1 1/2</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 11 Ft to 8 Ft Pumped Poured
 Gravel Pack [> 0.2 in] SUR to 50 Ft Pumped Poured
 Sand Pack [< 0.2 in] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: Torch Cut
 Size of perforation: 1/8" x 4"

From	To
<u>15</u>	<u>50</u>

Date started: Aug 18 20 15
Date completed: Aug 19 20 15

7. WATER QUALITIES

Static water level: _____ Feet below land surface
 Artesian Flow: NO G.P.M. _____ P.S.I.
 Water Temperature: COLD ° Fahrenheit
 Water Quality: UNKNOWN

8. WELL TEST DATA

Test Method:	<input type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>Pump</u>	<u>15</u>		<u>1</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Rain 2 Day, Inc. Contractor
 Address 4740 Industry Park Court LV NV 89115 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 0078225
 Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2325

Signed: George Owen
By driller performing actual drilling on site or contractor

Date: 25-Aug-15 (B/D/W/R/S/M/R)