

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

OFFICE USE ONLY
Log No. 123395
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. 37446
WELL NAME (if applicable): #1

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

DETAILED ADDRESS AT WELL LOCATION Broadbent & Tropicana
Subdivision Name: _____ County: Clark

2. PLS LOCATION NE 1/4 NE 1/4 27 Sec 21 N/S 62 E
PERMIT/WAIVER NO. DW1392
Issued by Water Resources Current Parcel No. 161-2754900

Latitude 36° 6' 0.014" UTM E NAD 27
Longitude 115° 1' 53.074" 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>11</u> |
| <u>COOP Running mud</u> | | | <u>11</u> | <u>13</u> |
| <u>LECK QUICK SAND</u> | | | <u>14</u> | <u>50</u> |
| <u>Clay with sand & gravel streaks</u> | | | | |
| <u>Water Level 15 FT</u> | | | | |

| 9. INSTRUCTION | | | | |
|--------------------------|----------|--------------|--------|------|
| Depth Drilled: | Feet | Depth Cased: | Feet | |
| <u>50</u> | | <u>50</u> | | |
| HOLE DIAMETER (BIT SIZE) | | | | |
| | From | To | | |
| <u>24</u> | <u>0</u> | <u>50</u> | Inches | Feet |
| | | | Inches | Feet |
| | | | Inches | Feet |

| 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 | | |
| <input checked="" type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> | <u>11 Ft</u> | | <u>8 Ft</u> | |
| <input checked="" type="checkbox"/> | <u>SUR</u> | | <u>50 Ft</u> | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |

| PERFORATIONS: | | | | |
|----------------------|------------------|--------------|------|--|
| Type of perforation: | <u>Torch Cut</u> | | | |
| Size of perforation: | <u>1/8" x 4"</u> | | | |
| From <u>15</u> | Feet | To <u>50</u> | Feet | |
| From _____ | Feet | To _____ | Feet | |
| From _____ | Feet | To _____ | Feet | |
| From _____ | Feet | To _____ | Feet | |
| From _____ | Feet | To _____ | Feet | |

Date started: AUG 14 20 15
Date completed: AUG 20 20 15

7. WATER QUALITIES
Static water level: 15 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: | G.P.M. | Draw Down (Feet Below Static) | Recorded Time (Hours) |
| <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <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: [Signature]
By driller performing actual drilling on site or contractor
Date: 25-Aug-15

36.1000285
-115.0307568
NAD 27
AUG 26 2015