

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

OFFICE USE ONLY
Log No. 124112
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. 38811
WELL NAME (if applicable): BP-11003

1. OWNER/CLIENT NAME CITY OF HENDERSON DETAILED ADDRESS AT WELL LOCATION 2400 MOSER DR
MAILING ADDRESS 240 WATER ST P.O. Box 15070 HENDERSON NV
HENDERSON NV 89009 Subdivision Name: _____ County: CLARK

2. PLS LOCATION NB 1/4 SE 1/4 36 Sec 21 N 36 E Latitude 36.0760072 UTM E NAD 27
PERMIT/WAIVER NO. MO-3085 161-36-701-005 Longitude -114.997345 UTM N NAD 83/WGS 84
Issued by Water Resources Current Parcel No.

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 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>SANDY SILTY GRAVEL</u>			<u>21.5</u>	<u>0</u>
<u>CLAY LT. GREEN</u>			<u>X</u>	<u>29.8</u>
				<u>30.5</u>

9. INSTRUCTION
Depth Drilled: 30.5 Feet Depth Cased: 29 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>7</u> Inches	<u>0</u> Feet <u>30.5</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>		<u>.154</u>	<u>0</u>	<u>29</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout <u>15</u>	to	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout <u>2</u>	to	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips <u>17</u>	to	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.] <u>30</u>	to	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: Aug 28, 20 15
Date completed: AUG 28, 20 15

7. WATER QUALITIES

Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Recorded Time (Hours)			

PERFORATIONS:

Type of perforation: FACTORY CUT
Size of perforation: .020

From <u>29</u>	Feet	To <u>19</u>	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet
From _____	Feet	To _____	Feet

10. DRILLER'S CERTIFICATION

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

Name: CASCADE DRILLING L.P.
Contractor

Address: 7773 W SELDON LN RENO NV 89534
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 60739645
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2428

Signed: [Signature]
By driller performing actual drilling on site or contractor

Date: 9/28/15

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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36.0760323
-114.9965174

NAD 27

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