

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

OFFICE USE ONLY
 Log No. 84312
 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. 21241

1. OWNER US Air Force ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4349 A. F. Lane Drive Nellis AFB
Suite 1601 Nellis AFB Nev. 89191
 2. LOCATION NE 1/4 NE 1/4 Sec. 3 T. 20 N/S R. 62 E. Clark County _____
 PERMIT NO. _____
 Issued by Water Resources _____ Parcel No. 140-03-501-001 Subdivision Name _____

3. WORK PERFORMED 12 Wells 4. PROPOSED USE _____ 5. WELL TYPE _____
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Drilled after 12</u>				
<u>2" Wells</u>				
<u>pulled well</u>				
<u>Casing Run 70mils</u>				
<u>pipe to bottom of</u>				
<u>hole pumped</u>				
<u>Neat Cement</u>				
<u>to surface with</u>				
<u>Grout pump</u>				
<u>12 wells complete</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

Inches _____ Feet _____ Feet

Inches _____ Feet _____ Feet

Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____

Size perforation _____

From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

Date started 3 19 _____ 2001
 Date completed 3 24 _____ 2001

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level _____ feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

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

Name Hayne Christensen Co. Contractor

Address 12030 E Riggs Rd Sheddler Contractor

Az. 85249

Nevada contractor's license number issued by the State Contractor's Board 0019101

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2021

Signed Michael D. Wells By driller performing actual drilling on site or contractor

Date 3 24 2001