WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 91921
Permit No.
Basin 212

NOTICE OF INTENT NO. 25479

1. OWNER: COMMERCE ASSOCIATES LLC
MAILING ADDRESS: 2920 N GREEN VALLEY PKWY, HENDERSON, NV 89014
ADDRESS AT WELL LOCATION: LAKE MEAD & OLSEN, HENDERSON, NV

2. LOCATION: N ¼ NW ¼ Sec. 32 T. 21 N/S R. 63 E. CLARK County
PERMIT NO. DW1171 (Issued by Water Resources) | 161-32-101-003 (Parcel No.) | ISSAC BUILDING & DESIGN (Subdivision Name)

3. WORK PERFORMED
☒ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☐ Other DW

4. PROPOSED USE Dewater
☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☒ Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
8-40' dewater wells				
Alluvium		0	13'	
Silt & Clay		13'	40'	

Date started 11/21/03, 20
Date completed 11/25/03, 20

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
14" Inches	0 Feet	40' Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14	48.97	1.250	0	40'

Perforations:
Type perforation: Machine
Size perforation: 1/4" x 2 1/2" x 3 rows @ 13
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 19' 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: ALLEN DRILLING INC. (Contractor)
Address: 4015 WEST TOMPKINS AVE. (Contractor)
LAS VEGAS, NV 89103
Nevada contractor's license number issued by the State Contractor's Board: 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1301
Signed ____ (By driller performing actual drilling on site or contractor)
Date 12/15/03

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627