

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 92540
 Permit No. 70272
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 26181

1. OWNER **ADAR-BURLA BONNIE B** ADDRESS AT WELL LOCATION **2951 PINTO LN**
 MAILING ADDRESS **2951 PINTO LN** **LAS VEGAS, NV**
LAS VEGAS, NV 89107

2. LOCATION **NE 1/4 SW 1/4 Sec 32 T 20 S R 61 E** **CLARK** County

PERMIT NO. **70272** **139-32-306-002**
 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silt		0'	6'	6'
Brown silty clay		6'	12'	6'
Caliche		12'	16'	4'
White silty clay	x	16'	32'	16'
Silty tan clay		32'	96'	64'
Caliche		96'	100'	4'
102'-8 5/8" casing				
No perforation				
all surface water sealed off with 7 yards of 9 sack sand/cement gravel.				
Placed through 3" steel trimmie from bottom to top.				

*NOTE * THIS IS WELL LOG FOR THE START OF WELL DRILLING REF WELL LOG # 93052 FOR COMPLETION OF WELL*

8. WELL CONSTRUCTION
 Depth Drilled **100** Feet Depth Cased **100** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
18" Inches **0'** Feet **100'** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	-2	100

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Date started **3/4, 20 04**
 Date completed **3/5, 20 04**

7. WELL TEST DATE

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.		

9. WATER LEVEL
 Static water level **10'** feet below land surface
 Artesian flow **no** 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 **0018916 & 0018917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**
 Signed *Allen B. Allen*
 By driller performing actual drilling on site or contractor
 Date **3-12-04**