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**WELL DRILLER'S REPORT**  
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **27499**

1. OWNER **702 GRAND** ADDRESS AT WELL LOCATION **N.W. CORNER TWIN/POLARIS**  
 MAILING ADDRESS **DR STE 1150 NW LN NV 89109**  
 2. LOCATION **SW 1/4 NW 1/4 Sec 17 T 51 N R 61 E CLARK** County  
 PERMIT NO. **162-17-203-016** 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 **HSA**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>ASPHALT PIPE II</b>		<b>0</b>	<b>1</b>	<b>1</b>
<b>SAND W/ GRAVELS</b>		<b>1</b>	<b>4</b>	<b>3</b>
<b>SILTY SAND W/ GRAVELS</b>		<b>4</b>	<b>13</b>	<b>9</b>
<b>CALICHE SAND, W/ GRAVELS</b>		<b>13</b>	<b>22</b>	<b>9</b>
		<b>22</b>	<b>25</b>	<b>3</b>

**DCNR/DWR RECEIVED**  
**JUN 16 2005**

8. WELL CONSTRUCTION  
 Depth Drilled **25** Feet Depth Cased **15** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **8** Inches To **25** Feet  
 From \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2"</b>		<b>SC40</b>	<b>0</b>	<b>15</b>

 Perforations:  
 Type perforation **SLOT**  
 Size perforation **1020**  
 From **5** feet to **15** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **3**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **3** feet to **15** feet  
 9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

**LAS VEGAS OFFICE**  
 Date started **4-20**, 20**05**  
 Date completed **4-21**, 20**05**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **TENV**  
 Address **1973 N. NELLIS BLVD, Bx 303 LV, NV 89115**  
 Nevada contractor's license number issued by the State Contractor's Board **55860**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1953**  
 Signed **[Signature]**  
 Date **5-2-05**