

009612  
 PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

21 WELLS

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. 28878

1. OWNER BOB DENINO ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 555 S. RENTON VILLAGE 4400 E. CHARLESTON BLVD  
RENTON WA. LAS VEGAS NV  
 2. LOCATION SW 1/4 SW 1/4 Sec. 32 T. 20 N/S R. 62 E CLARK County  
 PERMIT NO. \_\_\_\_\_ Parcel No. 140-32-431-004 Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>REMOVED WELL BOXES</u>				
<u>REMOVED CASING</u>				
<u>FILLED FROM BOTTOM</u>				
<u>TOP W/ BENTONITE</u>				
<u>CHIPS</u>				
<u>CEMENT ON TOP</u>				
<u>9x4", 2x2"</u>				
<u>ATTEMPTED TO</u>				
<u>PULL CASING</u>				
<u>TREMMED NEXT</u>				
<u>CEMENT FROM</u>				
<u>BOTTOM TO TOP</u>				
<u>CEMENT SEAL</u>				
<u>ON TOP</u>				
<u>1x8", 3x2", 6x4"</u>				
<u>OCNR/DWR</u>				
<u>RECEIVED</u>				
<u>NOV 5 7 2006</u>				
<u>LAS VEGAS OFFICE</u>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

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  
 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

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 EAGLE DRILLING SERVICES LLC Contractor  
 Address 7150 PLACID ST. Contractor  
LAS VEGAS, NV. 89119  
 Nevada contractor's license number issued by the State Contractor's Board 51266  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272  
 Signed [Signature] By driller performing actual drilling on site or contractor  
 Date 8/25/06

Date started 8/23 2006  
 Date completed 8/24 2006

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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