

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

OFFICE USE ONLY
Log No. 100715
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. 37669

1. OWNER Clark County Parks & Community Services
MAILING ADDRESS 2601 East Sunset Road
Las Vegas, NV 89120

ADDRESS AT WELL LOCATION 201 Via Antincendio
Henderson, NV 89015
Subdivision Name: Powerline Weir Crossing 3.3 County: Clark

2. LOCATION SW 1/4 SE 1/4 Sec 21 T 21S N/S R 63 E
PERMIT/WAIVER No. DW-1214 Parcel No. 160-21-810-027

Latitude See Attached UTM E NAD 27
Longitude See Attached N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial

PROPOSED USE demolition
 Irrigation Test
 Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Beckel/Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>See Attached</u>				
<u>for wells 10 thru 14</u>				
<u>DCNR/DWR RECEIVED</u>				
<u>AUG 23 2006</u>				
<u>LAS VEGAS OFFICE</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>52</u>		<u>52</u>	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>24</u> Inches	<u>0</u> Feet	<u>52</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>5.7</u>	<u>.332</u>	<u>0</u>	<u>52</u>

Perforations:

Type of perforation machine
Size of perforation 0.032

From 12 feet to 52 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 200 Bentonite Grout 10 to 11 Pumped Poured

Gravel Pack: Yes No 0' to 52 Pumped Poured
Type: 3/8 Pea Gravel

Bentonite Chips: Yes No 10 to 11 Pumped Poured
Type: 3/8 s

Date started: 27-Mar , 20 06
Date completed: 27-Mar , 20 06

7. Water Level
Static water level: 18 feet below land surface
Artesian Flow: n/a G.P.M. n/a P.S.I.
Water Temperature: n/a °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>N/A</u>		

10. DRILLER'S CERTIFICATION

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

Name Viking Drillers, Inc
Contractor
Address 801 Northport Dr.
Contractor
W. Sacramento, CA 95691

Nevada contractor's license number
issued by the State Contractor's Board 0034680

Nevada driller's license number issued by the
Division of Water Resources, the on-site driller M-2091

Signed _____
By driller performing actual drilling on site or contractor

Date 5/9/2006