

SVE-2

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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 100858
Permit No. _____
Basin. 222

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 29294

1. OWNER M.A. Burns ADDRESS AT WELL LOCATION 450 W. Mesquite Blvd
 MAILING ADDRESS 18001 Old Cutler Rd Mesquite NV
M-JAMI FL 33134
 2. LOCATION NW 1/4 SE 1/4 Sec 17 T. 13 N/S R. 71 E. CLARK County
 PERMIT NO. 00117701014 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
Silty Sand		2'	6.5'	4.5'
FINE SAND		6.5'	9.5'	3.0'
Clay		9.5'	10'	.5'
Fine Sand		10'	22.5'	12.5'
Clay		22.5'	24.5'	2.0'

8. WELL CONSTRUCTION
 Depth Drilled 24.5 Feet Depth Cased 24.5 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10" To 0 Feet 24.5 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>Sch 40</u>	<u>0</u>	<u>7</u>

Perforations:
 Type perforation mechanical slot
 Size perforation .010
 From 7 feet to 22 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 5 feet to 22' feet

9. WATER LEVEL
 Static water level 16.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8/21/06, 20____
 Date completed 8/21/06, 20____

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge. CASCADE DRILLING
 Name SHANNON MAGENS Contractor
 Address 555 S. Harbor Blvd
La Habra CA 90631 Contractor
 Nevada contractor's license number C-23-51207
 issued by the State Contractor's Board
 Nevada driller's license number issued by the M-1908
 Division of Water Resources, the on-site driller
 Signed Shannon F. Magens
 By driller performing actual drilling on site or contractor
 Date 8/29/06

DNR/DWR
RECEIVED

SEP 25 2006

LAS VEGAS OFFICE