

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

OFFICE USE ONLY
Log No. 105713
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 204.170 and NAC 204.140

NOTICE OF INTENT NO. 33656

1. OWNER Right of Way City of Las Vegas ADDRESS AND WELL LOCATION MW-13
MAILING ADDRESS 400 Stewart Ave Las Vegas NV GARDEN & DECATUR
Subdivision Name: _____ County: _____
2. LOCATION SW SW 1/4 Sec 31 T 20 N R 61 E Latitude 36° 16' 39.78" NAD 83
PERMIT/WAIVER No. 139-31-399-001 Longitude 115° 20' 49.10" NAD 83
County: _____ Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other _____
4. PROPOSED USE Domestic Irrigation Test Stock
 Municipal/Industrial Monitor _____
5. WELL TYPE Cable Rotary RVC
 Air Other (AUGER)

6. LITHOLOGIC LOG

Material	Water Static	From	To	Thick-ness
Asphalt		0	3'	
Brown sand + gravel		3"	3'	
Brown sand + gravel + caliche		3	5'	
white clay + sand w/ layers of caliche	WL-14	5'	25'	

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 23 Feet
HOLE DIAMETER (OUT SIDE)
From 8 Inches To 2.5 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>3.65</u>	<u>.154</u>	<u>0</u>	<u>23</u>

Perforations:
Type of perforation Factory slotted
Size of perforation .020
From 8 feet to 23 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
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 6 to 25 Pumped Poured
Type: 8/12 Colorado silica
Bentonite Chips: Yes No 1 to 6 Pumped Poured
Type: 3/8 chips hydrated

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7. Water Level
Static water level: 14' feet below land surface
Artesian Flow: NA G.P.M. NA P.S.I.
Water Temperature: NA °F
Quality: good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" 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.
Name WDC Exploration & Wells Contractor
Address 570 Corinthian Way Contractor
Las Vegas, NV 89030
Nevada contractor's license number issued by the State Contractor's Board 0012852
Nevada driller's license number issued by the Division of Water Resources, the permit holder 2057-T4
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7-7-08

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY