

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

OFFICE USE ONLY
Log No. 105994
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. 34568

1. OWNER Chetak Development Corporation ADDRESS AT WELL LOCATION 2222 Paradise Rd.
MAILING ADDRESS 9901 Covington Cross Dr. #170 Las Vegas, NV 89104
Las Vegas, NV 89144-10595 Subdivision Name: _____ County: Clark

2. LOCATION SW 1/4 SW 1/4 Sec 3 T 21 N R 61 E Latitude 36°08'40.9" UTM E NAD 27
PERMIT/WAIVER No. 1162-03-411-010 Longitude 115°09'17.8" N NAD 83/WGS 84
Issued by Water Resources Parcel No. Well # MW-13

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0'	0.5'	0.5'
Fill		0.5'	3'	2.5'
Sand & Gravel		3'	6'	3'
Caliche		6'	8'	2'
Sand w/clay		8'	12'	4'
Caliche		12'	12.5'	0.5'
Clay		12.5'	16'	3.5'
caliche	116'	16'	17'	1'
clay		17'	25'	8'

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 25 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020
From 10 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 4' Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 8' to 25' Pumped Poured
Type: #3
Bentonite Chips: Yes No 4' to 8' Pumped Poured
Type: Hoop Plug

Date started: 6/18, 20 08
Date completed: 6/18, 20 08

7. Water Level
Static water level: 116 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor			
<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 Elite Drilling Inc. Contractor
Address 4255 W. Post Rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number _____
issued by the State Contractor's Board 0054931
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869
Signed _____
By driller performing actual drilling on-site or contractor
Date 6/19/08

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY