

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

OFFICE USE ONLY
Log No. **106849**
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

1. OWNER **Trident Trust LP Partnership** **Downer Family** ADDRESS AT WELL LOCATION **4235 E Charleston Blvd**
MAILING ADDRESS **3240 Rancho Viejo Rd #3** **Las Vegas, Nevada**
San Juan Capistrano, CA 92675 Subdivision Name: _____ County: **Clark**

NOTICE OF INTENT NO. **33534**

2. LOCATION **NW 1/4 Sec 05 T 21 N R 62 E** Latitude **N 36° 09' 30.8"** UTM E NAD 27
PERMIT/WAIVER No. **161-05-110-002** Longitude **W 115° 04' 55.94"** N NAD 83/WGS 84
Issued by Water Resources Parcel No. **MW-16**

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Other **8" HSAuger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
2" AC over Aggr base		0	1	1
FILL SILTY SAND		1	3 1/2	2 1/2
Silty Clay		2 1/2	15	12 1/2
Silty sand	X	12 1/2	18	5 1/2
Silty Clay		18	25	7

9. WELL CONSTRUCTION

Depth Drilled **25** Feet Depth Cased **25** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
8	0	25	25

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	SCH 40	FW80 PVC	0	25

Perforations:

Type of perforation **Factory Slots**

Size of perforation **.020**

From **10** feet to **25** feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout **0** to **8** Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No **89** to **25** Pumped Poured

Type: **#3 Monterey Sand**

Bentonite Chips: Yes No **18** to **9** Pumped Poured

Type: **3/8 Bentonite Hole Plug**

Date started: **8-12** 20 **08**

Date completed: **8-12** 20 **08**

7. Water Level

Static water level: **14.57** 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 **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 **54931**

Nevada driller's license number issued by the _____

Division of Water Resources, the on-site driller **M1944**

Signed **Thomas M. Beall**

By driller performing actual drilling on-site or contractor

Date **9-4-08**

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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