

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

OFFICE USE ONLY
Log No. **106850**
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** ADDRESS AT WELL LOCATION **4235 E Charleston Blvd**
MAILING ADDRESS **30240 Rancho Viejo Rd #B Las Vegas, NV**
San Juan Capistrano, CA 92675 Subdivision Name: _____ County: **Clark**

NOTICE OF INTENT NO. **33534**

2. LOCATION **NW NW 1/4 Sec 05 T 21 N R 62 E** Latitude **N 36° 09' 31.6"** UTM E NAD 27
PERMIT/WAIVER No. **161-05-110-002** Longitude **N 115° 04' 54.9" W** NAD 83/WGS 84
Issued by Water Resources Parcel No. **MW-11**

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 **8" HSAuger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Red Silty Sand/gravel		0	4	4
Sandy Silty		4	10	6
Clayey Silty		10	15	5
Silty SAND	X	15	18	3
Sandy Clay		18	20	2

9. WELL CONSTRUCTION
Depth Drilled **25** Feet Depth Cased **25** Feet
HOLE DIAMETER (BIT SIZE)
From **0** To **25**
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

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

Perforations:
Type of perforation **Factory Slots**
Size of perforation **0.201**
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 to **8** Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No **9** to **25** Pumped Poured
Type: **#3 Monterey Sand**
Bentonite Chips: Yes No **8** to **9** Pumped Poured
Type: **3/8 Bentonite Hole Plug**

Date started: **8-14**, 20 **08**
Date completed: **8-14**, 20 **08**

7. Water Level
Static water level: **14.17** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

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, Nevada 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 _____
Signed **Thomas W. Beall** M 1944
By driller performing actual drilling on-site or contractor
Date **9-4-08**