

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

OFFICE USE ONLY
Log No. 107718
Permit No. _____
Basin 222

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. 32087

1. OWNER Clark County Right of Way
MAILING ADDRESS 500 S. Grand Central Parkway
Las Vegas, NV 89101

ADDRESS AT WELL LOCATION Right of way of
muw 1b west First South ST
Subdivision Name: _____ County: Clark

2. LOCATION NE 1/4 SE 1/4 Sec 17 T 13 N R 71 E
PERMIT/WAIVER No. 001-17-799-025
Issued by Water Resources _____ Parcel No. _____

Latitude 36° 48' 09.43" N UTM E NAD 27
Longitude 114° 04' 43.65" W N NAD 83/WGS 84

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	Thickness
Concrete		0	4"	
Fill		4"	2'	
Silty Sand		2	3	
Silty Clay		3	5	
Silty Sand w/ clay		5	11	
Silty Sand	X	11	16	
Silty clay		16	18	
Sandy clay		18	21.5	

9. WELL CONSTRUCTION

Depth Drilled 21.5 Feet Depth Cased 21.5 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>8</u>	<u>0</u>	<u>21.5</u>

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>Sch 40</u>	<u>0</u>	<u>21.5</u>

Perforations:
Type of perforation Factory slotted
Size of perforation .010
From 11.5 feet to 21.5 feet

Annular Seal: Yes No
 Neat Cement 1 to 7.5 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 9.5 to 21.5 Pumped Poured
Type: 8-12 Silica Sand
Bentonite Chips: Yes No 7.5 to 9.5 Pumped Poured
Type: 3/8 Bore chips

Date started: 2-19- _____, 20 09
Date completed: 2-18 _____, 20 09

7. Water Level
Static water level: 14 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			
<u>N/A</u>			

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
N. 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 on-site driller M-2381
Signed _____
By driller performing actual drilling on-site or contractor
Date 3-5-09