

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

OFFICE USE ONLY
Log No. **107724**
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. **32088**

1. OWNER **Clark County Right of way** ADDRESS AT WELL LOCATION **Right of way of Thistle St**
MAILING ADDRESS **500 S Grand Central Parkway** **MW-17**
Las Vegas NV 89101 Subdivision Name: _____ County: **Clark**

2. LOCATION **NE 1/4 SE 1/4 Sec 17 T 13 N R 71 E** Latitude **36° 48' 5.00" N** UTM E NAD 27
PERMIT/WAIVER No. **001-17-799-027** Longitude **114° 04' 46.81" W** N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Concrete		6	4"	
Fill		4"	2'	
Silty Sand		2	6	
Sandy clay		6	7	
Silty Sand		7	11	
Sandy clay		11	12	
clayey Sand		12	13	
Silty clay	X	13	15	
Sandy silt		15	17	
Silty Sand		17	21.5	

9. WELL CONSTRUCTION

Depth Drilled **21.5** Feet Depth Cased **21.5** Feet

HOLE DIAMETER (BIT SIZE)

From	To
8 Inches	21.5 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	3.65	Sch 40	8	21.5

Perforations:

Type of perforation **Factory slotted**
Size of perforation **.010**

From **11.5** feet to **21.5** feet
From _____ feet to _____ 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 **7.5** to **21.5** Pumped Poured
Type: **8-12 Silica Sand**

Bentonite Chips: Yes No **7.5** to **7.5** Pumped Poured
Type: **3/8 Bent chips**

Date started: **2-19** 20 **09**
Date completed: **2-19** 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
M/A			

CONTRACTOR RECEIVED
MAR 09 2009

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 **0012852**
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2381**

Signed **[Signature]**
By driller performing actual drilling on-site or contractor
Date **3-5-09**