

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

OFFICE USE ONLY
Log No. **10817A**
Permit No. _____
Basin _____

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. **60936**

1. OWNER **Basic Remediation Co** ADDRESS AT WELL LOCATION **200' S of Mohawk & Athens Rd**
MAILING ADDRESS **875 Warm Springs Rd Henderson Du 89015** Subdivision Name: _____ County: **CLARK**

2. LOCATION **SE 1/4 SE 1/4 Sec 32 T 22 N R 63 E** Latitude **UTM E 840735.37** NAD 27
PERMIT/WAIVER No. **160-32-801-004** Longitude **N 26.729053.88** 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 Stock Municipal/Industrial Monitor

5. WELL TYPE Cable Rotary RVC Air Other **Sonic**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand with Gravels		0	66	66
Clays with Gravels	X	66	215	149
Clays with Interbedded Sand	X	215	320	105
Clay		320	344	24
Sand	X	344	345	1
Clay		345	362	17
Sand	X	362	363	1
Clay		363	368	5

9. WELL CONSTRUCTION

Depth Drilled **368** Feet Depth Cased **365** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
9	0	140	Feet
8	140	368	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.86	.337	0	345

Perforations:

Type of perforation **Factory Slot**

Size of perforation **.010**

From **345** feet to **365** feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout **0** to **2** Pumped Poured

230% Bentonite Grout **2** to **337** Pumped Poured

Gravel Pack: Yes No **341.5** to **368** Pumped Poured

Type: **2-16 Sand**

Bentonite Chips: Yes No **337** to **341.5** Pumped Poured

Type: **3/8 Chips**

Date started: **5-11** 20 **08**

Date completed: **5-31** 20 **08**

7. Water Level

Static water level: **6.8** feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Boart Longyear Co** Contractor

Address **12225 B W Peoria Ave** Contractor

El Mirage Az 85335

Nevada contractor's license number **0010157** issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2147**

Signed **[Signature]** By driller performing actual drilling on site or contractor

Date **6-18-08**