

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

OFFICE USE ONLY
Log No. **108185**
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. **60930**

1. OWNER **BASIC Remediation Co.** ADDRESS AT WELL LOCATION **1 mile NE of Wiesner Way**
MAILING ADDRESS **875 Warm Springs Rd** & **Aspen Loop**
Henderson, NV 89015 Subdivision Name: _____ County: **Clark**

2. LOCATION **N 1/4 NE 1/4 Sec 36 T 22 R 63 E** Latitude **UTM E 827781.623** NAD 27
PERMIT/WAIVER No. **1161-36-101-002** Longitude **N 26733205.95** 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
 Municipal/Industrial Monitor Stock

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Gravel		0	11	11
Clayey Gravel with Cobbles	X	11	28	17
Clay with Interbedded Sands	X	28	120	92
Clayey Gravels	X	120	137	17

9. WELL CONSTRUCTION

Depth Drilled **137** Feet Depth Cased **137** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
8	0	137	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.86	.337	73	117'

Perforations:

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

From **117'** feet to **137** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout **0** to **2** Pumped Poured
 ≥30% Bentonite Grout **2** to **110** Pumped Poured

Gravel Pack: Yes No **114'** to **137'** Pumped Poured
Type: **2-16 sand**
Bentonite Chips: Yes No **110'** to **114'** Pumped Poured
Type: **3/8 chips**

Date started: **4-2**, 20 **08**
Date completed: **5-30**, 20 **08**

7. Water Level

Static water level: **16'** 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 issued by the State Contractor's Board **0010157**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2147**

Signed **Shan Ci**
By driller performing actual drilling on site or contractor
Date **6-17-08**