

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

OFFICE USE ONLY
Log No. 110284
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

1. OWNER County of Clark (Aviation) ADDRESS AT WELL LOCATION N/A
MAILING ADDRESS 6 Sylvan Way, Paradise NV 89054 Subdivision Name: _____ County: Clark
NOTICE OF INTENT NO. 30849

2. LOCATION SE 1/4 NW 1/4 Sec 27 T 21 N SR 61 E Latitude 35° 05' 46.3" UTM E NAD 27
PERMIT/WAIVER No. 8-200217 Parcel No. _____ Longitude 115° 08' 55.6" 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 Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Top Soil</u>		<u>0</u>	<u>3</u>	<u>3'</u>
<u>Silty Clays w/ Caliche lenses</u>	<u>X</u>	<u>5</u>	<u>31</u>	<u>46'</u>
<u>Mud 50-50 / Ann 63</u>				

9. WELL CONSTRUCTION
Depth Drilled 51 Feet Depth Cased 50 Feet
HOLE DIAMETER (BIT SIZE)
From 10 Inches To 50 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>300 40 PWT</u>	<u>.25</u>	<u>0</u>	<u>45</u>

Perforations:
Type of perforation Machine Slotted PVC
Size of perforation 0.020"
From 45 feet to 50 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 17 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 43 to 51 Pumped Poured
Type: 4.5 Sand
Bentonite Chips: Yes No 17 to 43 Pumped Poured
Type: 1/4" pellets

Date started: Aug 30, 2009
Date completed: Aug 31, 2009

7. Water Level
Static water level: 18 feet below land surface
Artesian Flow: NA G.P.M. NA P.S.I.
Water Temperature: NA °F
Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Yellow Jacket Drilling Services LLC Contractor
Address P.O. Box 501 Gilbert, AZ 85299 Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board 0058304-A
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1817-T1
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 10.12.09