

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

OFFICE USE ONLY
Log No. 110951
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. 32318

1. OWNER County of Clark Aviation ADDRESS AT WELL LOCATION No Address
MAILING ADDRESS P.O. Box 11005 Client No. AS7
Las Vegas, NV 89119-1005 Subdivision Name: _____ County: Clark

2. LOCATION SW 1/4 NW 1/4 Sec 27 T 21 N R 61 E Latitude N36°05'46.4" UTM E NAD 27
PERMIT/WAIVER No. 162-27-201-001 Longitude W115°09'01.6" 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
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Fill Above Agg. base</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Fill GRAVELLY Sand</u>		<u>1</u>	<u>6</u>	<u>5</u>
<u>GRAVELLY Sand</u>		<u>6</u>	<u>9</u>	<u>3</u>
<u>Caliche</u>		<u>9</u>	<u>11</u>	<u>2</u>
<u>Clayey Sand</u>		<u>11</u>	<u>18</u>	<u>6</u>
<u>Caliche</u>	<u>yes</u>	<u>18</u>	<u>22</u>	<u>4</u>
<u>Clayey Sand</u>	<u>yes</u>			

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>6</u>	<u>0</u>	<u>25</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>Sch. 40 PVC ASTM F-480</u>		<u>0</u>	<u>25</u>

Perforations:

Type of perforation Factory Slots
Size of perforation 0.20

From	feet to	feet	feet
<u>20</u>	<u>25</u>		

RECEIVED
FEB 18 2010

LAS VEGAS OFFICE

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 19 to 25
Type: 12 Silica Sand
Bentonite Chips: Yes No 3 to 19 Pumped Poured
Type: 30 Bentonite Chips - Upper portion of well completed as part of a vapor contractor system

Date started: 1-18-10, 20 10
Date completed: 1-18, 20 10

7. Water Level
Static water level: 18.2 feet below land surface
Artesian Flow: NA G.P.M. _____ P.S.I. _____
Water Temperature: Not Measured
Quality: poor

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>Not Tested</u>			

10. DRILLER'S CERTIFICATION
by others
this well was drilled under my supervision and the report is true to the best of my knowledge.

Name Elite Drilling Inc.
Address 4255 W. Post Rd.
Las Vegas, NV 89119
Nevada contractor's license number 54931
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1944
Division of Water Resources, the on-site driller

Signed Thomas M. Biall
By driller performing actual drilling on-site or contractor
Date 2/15/10

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY