

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

OFFICE USE ONLY
Log No. 111073
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. 32491

1. OWNER PUBLIC RIGHT OF WAY
MAILING ADDRESS 500 S. GRAND CENTRAL PKWY. LAS VEGAS NV
2. LOCATION NW 1/4 SE 1/4 Sec 8 T 21 N SR 61 E
PERMIT/WAIVER No. M02850 | 16108799001
Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION MOUNTAIN VISTA + BEACH SHORE CT. LAS VEGAS NV
Subdivision Name: _____ County: CLARK
Latitude 36° 08' 07.89" N UTM E NAD 27
Longitude 115° 04' 27.01" W 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
 Air Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>ASPHALT</u>		<u>0.0</u>	<u>.25</u>	<u>.25</u>
<u>STONE + SAND FILL</u>		<u>.25</u>	<u>1.0</u>	<u>.75</u>
<u>SILTY SAND</u>		<u>1.0</u>	<u>8.0</u>	<u>7.0</u>
<u>SILTY CLAY</u>	<u>YES</u>	<u>8.0</u>	<u>25.</u>	<u>17.0</u>

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8</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</u>	<u>0</u>	<u>25</u>

Perforations:

Type of perforation MACH WE SLOT
Size of perforation 1020

From 5 feet to 25 feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to 0 to 1 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 3 to 25 Pumped Poured
Type: NO. 3

Bentonite Chips: Yes No 1 to 3 Pumped Poured
Type: 3/8"

Date started: 5-10, 20 10
Date completed: 5-10, 20 10

7. Water Level
Static water level: 8.4 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			

10. DRILLER'S CERTIFICATION

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

Name EALIE DRILLING Contractor
Address 7150 PLACID ST LAS VEGAS NV Contractor
89119
Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2357

Signed Mark Winkler
By driller performing actual drilling on-site or contractor
Date 5-11-2010

DCNR/DWR RECEIVED
MAY 21 2010
LAS VEGAS OFFICE