

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

OFFICE USE ONLY
Log No. 111143
Permit No. _____
Basin 21a

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. 32313

1. OWNER Bouquet Inc ADDRESS AT WELL LOCATION 2835 S. Nellis Blvd.
MAILING ADDRESS 955 Temple View Dr. Las Vegas, NV 89110
Las Vegas, NV 89110-2900 Subdivision Name: _____ County: Clark

2. LOCATION SE 1/4 NE 1/4 Sec 8 T 21 N R 62 E Latitude 36° 08' 13.65" UTM E NAD 27
PERMIT/WAIVER No. 161-08-603-003 Longitude 115° 03' 56.78" 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>MW-3</u>				
<u>asphalt</u>		<u>0</u>	<u>0.5</u>	<u>0.5</u>
<u>Type II</u>		<u>0.5</u>	<u>3</u>	<u>2.5</u>
<u>Sand w/ some clay</u>		<u>3</u>	<u>10</u>	<u>7</u>
<u>Sand w/ stained</u>		<u>10</u>	<u>30</u>	<u>10</u>
<u>Sand w/ gravel</u>	<u>11</u>	<u>20</u>	<u>25</u>	<u>5</u>

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

8 Inches From 0 Feet To 25 Feet

_____ Inches _____ Feet _____ Feet

_____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:

Type of perforation Factory slot

Size of perforation 0.20

From 10 feet to 25 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 6 to 0.5 Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured

Type: #12 sand

Bentonite Chips: Yes No 6 to 8 Pumped Poured

Type: 3/8 Hole plug

Date started: 12-15, 20 09

Date completed: 12-15, 20 09

7. Water Level

Static water level: 11 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 Elite Drilling Inc.

Address 4255 W. Post rd.

Las Vegas, NV 89118

Nevada contractor's license number 0054931

issued by the State Contractor's Board

Nevada driller's license number issued by the M-1869

Division of Water Resources, the on-site driller

Signed [Signature]

By driller performing actual drilling on-site or contractor

Date 12-28-09