

BG 45

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

OFFICE USE ONLY
Log No. 115008
Permit No. _____
Basin 212

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. 34452

1. OWNER USA
MAILING ADDRESS WASHINGTON

ADDRESS AT WELL LOCATION 503 WALLY KAY WAY
MOAPA NV 89025
Subdivision Name: _____ County: CLARK

2. LOCATION NE 1/4 NW 1/4 Sec 05 T 15 N R 10E
PERMIT/WAIVER No. 1042-05-101-001
Parcel No. _____

Latitude 36.6464181 UTM E NAD 27
Longitude 114.6330088 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Stock Monitor

5. WELL TYPE
 Cable Rotary RVC
 Other

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
<u>Fine silty SAND</u>		<u>0</u>	<u>19</u>	<u>19</u>
<u>Clay w/ fine SAND</u>		<u>19</u>	<u>44</u>	<u>45</u>
<u>Fine silty SAND</u>		<u>44</u>	<u>47</u>	<u>3</u>
<u>Clay</u>		<u>47</u>	<u>72</u>	<u>5</u>
<u>fine SAND</u>		<u>72</u>	<u>74</u>	<u>2</u>
<u>Clay w/ fine SAND</u>		<u>74</u>	<u>82</u>	<u>2</u>
<u>Silty SAND</u>		<u>82</u>	<u>88</u>	<u>6</u>
<u>HEAVING SAND</u>		<u>88</u>	<u>90</u>	<u>2</u>
<u>fat clay</u>		<u>90</u>	<u>97</u>	<u>7</u>
<u>SAND</u>		<u>97</u>	<u>99</u>	<u>2</u>
<u>fat clay</u>		<u>99</u>	<u>104</u>	<u>5</u>
<u>Heavy SAND</u>		<u>104</u>	<u>105</u>	<u>1</u>
<u>light clay</u>		<u>105</u>	<u>106</u>	<u>1</u>

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
<u>106</u>		<u>102</u>	

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>8"</u>	Inches <u>106</u>	Feet <u>0</u>	Feet
	Inches	Feet	Feet
	Inches	Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>SCHL 40</u>	<u>102</u>	<u>97</u>
<u>4"</u>		<u>SCHL 40</u>	<u>72</u>	<u>0</u>

Perforations:
Type of perforation MACHINE SLOT
Size of perforation 1.010
From 97 feet to 72 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 10 to 0 Pumped Poured
 ≥30% Bentonite Grout 62 to 10 Pumped Poured

Gravel Pack: Yes No 106 to 67 Pumped Poured
Type: _____
Bentonite Chips: Yes No 67 to 62 Pumped Poured
Type: _____

Date started: 2/1/12, 20
Date completed: 2/2/12, 20

7. Water Level
Static water level: 80' 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.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	Draw Down (Feet Below Static)	
DNR/DWR RECEIVED		
MAR 07 2012		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Eagle Drilling LLC Contractor
Address 7150 PLACED ST
LV, NV, 89119
Nevada contractor's license number _____
issued by the State Contractor's Board 51244
Nevada driller's license number issued by the Division of Water Resources the on-site driller _____
Signed [Signature] 2399
By driller performing actual drilling on-site or contractor
Date 3/2/12