

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

OFFICE USE ONLY
Log No. 107211
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

1. OWNER County of Clark ADDRESS AT WELL LOCATION Public right of way
MAILING ADDRESS 5005 Grand Central
Las Vegas, NV Subdivision Name: _____ County: Clark
NOTICE OF INTENT NO. 34954

2. LOCATION NE 1/4 SE 1/4 Sec 09 T 21 N R 61 E Latitude 36.13389 ON UTM E NAD 27
PERMIT/WAIVER No. WEP 07062-02 APN 162-09-799-005 Longitude -115.15944 OW 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 Monitor
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
asphalt		0	0.25	.25
aggregate base		0.25	1	.75
silty sand		1	2	1
clayey sand		2	3.5	1.5
sandy clay		3.5	12	8.5
silty sand		12	17.5	5.5
clayey sand		17.5	29	11.5
cemented sand & gravel		29	34	5

9. WELL CONSTRUCTION

Depth Drilled 34 Feet Depth Cased 34 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
8	0	34		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		sch 40 PVC		34

Perforations:

Type of perforation machine slotted

Size of perforation .020

From	feet to	feet
19	34	

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout 0 to 4 Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 17 to 34 Pumped Poured

Type: Silica Sand #12

Bentonite Chips: Yes No 4 to 17 Pumped Poured

Type: 3/8" chips

Date started: 9-5-20 08

Date completed: 9-5-20 08

7. Water Level

Static water level: 29.14 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

DO NOT DRILLER RECEIVED

OCT 14 2008

10. DRILLER'S CERTIFICATION

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

Name TERRALON Contractor

Address 750 PILOT ROAD Contractor
LAS VEGAS, NV 89119

Nevada contractor's license number _____
issued by the State Contractor's Board

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2097

Signed [Signature]
By driller performing actual drilling on site or contractor

Date _____

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE