

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

OFFICE USE ONLY
Log No. **107963**
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. **26778**

1. OWNER **Michael Sturdivant / City of Las Vegas** ADDRESS AT WELL LOCATION **Fultow Pl. right of way West of S. Valley View Blvd.**
MAILING ADDRESS **6100 STEVENSON LAS VEGAS NV 89101** Subdivision Name: _____ County: **CLARK**

2. LOCATION **SW 1/4 SE 1/4 Sec 31 T 20 N R 61 E** Latitude **36.16289** UTM E NAD 27
PERMIT/WAIVER No. **M-2794 139-31-899-009** Longitude **-115.19517** N NAD 83/WGS 84
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 **A46ER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	6"	6"
Light Brown med. dense silty gravel		6"	4'	3.5'
Light Brown Chazy sand with gravel		4'	11'	7'
Brown med dense Chazy Sand	✓	11'	28.5'	17.5'
Light Brown Very Hard Caliche		28.5'	30'	1.5'

9. WELL CONSTRUCTION

Depth Drilled **30** Feet Depth Cased **29.5** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8" Inches	0	30
Inches		
Inches		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.5	.7	.154	0	9.5

Perforations:

Type of perforation **slotted**
Size of perforation **.020**

From **9.5** feet to **29.5** feet
From _____ feet to _____ feet

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 **8'** to **30'** Pumped Poured
Type: **#3 Monterey Sand**

Bentonite Chips: Yes No **6'** to **8'** Pumped Poured
Type: **MED. ENVIROplug Chips**

Date started: **1-14-08** 20 **08**
Date completed: **1-20-08** 20 **08**

7. Water Level
Static water level: **13.5'** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **75** °F
Quality: **FAIR**

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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

10. DRILLER'S CERTIFICATION

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

Name **Layne Christensen Co.** Contractor
Address **12030 E. Riggs Rd.** Contractor
Chandler AZ. 85249
Nevada contractor's license number **0019101**
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2226**

Signed **[Signature]** By driller performing actual drilling on site or contractor
Date **1-28-08**

DCNR/DWR RECEIVED
FEB 01 2008
LAS VEGAS OFFICE