

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

OFFICE USE ONLY
Log No. **108070**
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. **33692**
4300 +- Eastern & Rochelle

1. OWNER **Clark County**
MAILING ADDRESS **500 S. Grand Central Parkway Las Vegas NV 89106**

ADDRESS AT WELL LOCATION **DW-1**
Subdivision Name: _____ County: _____

2. LOCATION **SE 1/4 NE 1/4 Sec 23 T 21 N R 61 E**
PERMIT/WAIVER No. **DW-1271** | **162-23-699-019**
Issued by Water Resources Parcel No.

Latitude **115° 07' 155"** UTM E NAD 27
Longitude **36° 06' 602"** N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	4"	
Brown sandy cl w gravel		4"	12'	
Brown cl w caliche layers & water	M135	12'	25'	
Tan Brown cl w gravel		25'	39'	
Caliche Layer		39'	40'	
Brown cl w gravel		40'	43'	

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
18		0	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
0	43		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	28.55	.322	0	40

Perforations:
Type of perforation **Factory Slotted**
Size of perforation **.040**

From	feet to	feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No **8** to **43** Pumped Poured
Type: **3/8 pea gravel**
Bentonite Chips: Yes No **0** to **8** Pumped Poured
Type: **3/8 chips**

Date started: **5-9**, 20 **08**
Date completed: **5-9**, 20 **08**

7. Water Level
Static water level: **13.5** feet below land surface
Artesian Flow: **0** G.P.M. **0** P.S.I.
Water Temperature: **N/A** °F
Quality: **good**

8. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
NA			
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **WDC Exploration & wells**
Address **570 Country way N Las Vegas 89030**
Nevada contractor's license number **12852-088**
issued by the State Contractor's Board **001252**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2057-T4**
Signed **[Signature]**
By driller performing actual drilling on-site or contractor
Date **5-19-08**

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY