

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

OFFICE USE ONLY
Log No. 109056
Permit No. 52878
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. 32228

1. OWNER Clark County Parks & Recreation
MAILING ADDRESS 500 S Grand Central Parkway
Las Vegas, NV 89155

ADDRESS AT WELL LOCATION Sunset Park Area "D" Sunset & Eastern Las Vegas, NV
Subdivision Name: _____ County: Clark

2. LOCATION SW 1/4 NW 1/4 Sec 1 T 22S N/S R 61 E Latitude 36 04.024N UTM E NAD 27
PERMIT/WAIVER No. 52878 177-01-201-001 Longitude 115 06.994W 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 Mud

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silty Sand		0	30	30
Clayey Sand	x	30	50	20
Poorly Graded Sand	x	50	90	40
Well Graded Sand	x	90	110	20
Poorly Graded Sand	x	110	160	50
Poorly Graded Gravel	x	160	190	30
Poorly Graded Sand	x	190	240	50
Poorly Graded Gravel	x	240	270	30
Silty Sand	x	270	280	10
Sandy Clay		280	420	140
Gravelly Sand	x	420	495	75
Clayey Sand		495	535	40

9. WELL CONSTRUCTION

Depth Drilled 535 Feet Depth Cased 0 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>23</u> Inches	<u>0</u> Feet <u>50</u> Feet
<u>17.5</u> Inches	<u>50</u> Feet <u>535</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 50 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level

Static water level: 15 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)

JUL 02 2009

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Redding Drilling & Pump Service
Contractor
Address 530 Larson Lane, Henderson, NV 89044
Contractor

Nevada contractor's license number issued by the State Contractor's Board 38155
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2063

Signed Ronald S. Torchy
By driller performing actual drilling on site for contractor
Date July 2nd 2009

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

