

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

OFFICE USE ONLY
Log No. 111504
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 CLARK COUNTY SANITATION
MAILING ADDRESS 5857 Flamingo Rd
Las Vegas NV 89122

NOTICE OF INTENT NO. 33868
ADDRESS AT WELL LOCATION 7150 S Holly wood Blvd
Subdivision Name: _____ County: CLARK

2. LOCATION NW 1/4 23 T 21 N R 62 E
PERMIT/WAIVER No. 16123101001
Parcel No. _____

Latitude 36.064162 N
Longitude 115.014297 W
 NAD 27
 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Other H.S.H.

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Chapel Sand</u>		<u>0</u>	<u>6'</u>	<u>6'</u>
<u>Sand Gravel</u>		<u>6'</u>	<u>9'</u>	<u>3'</u>
<u>sand clay</u>		<u>9'</u>	<u>15'</u>	<u>6'</u>
<u>clay solid</u>		<u>15'</u>	<u>29'</u>	<u>14'</u>
<u>sand Gravel clay</u>		<u>29'</u>	<u>35'</u>	<u>6'</u>

9. WELL CONSTRUCTION

Depth Drilled 35 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Inches	Feet
<u>0</u>	<u>35</u>	<u>8"</u>	<u>35</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>5/8"</u>	<u>0</u>	<u>35</u>

Perforations:
Type of perforation SLotted SRA
Size of perforation 0.02
From 5 feet to 35 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	to <u>2</u>	<input type="checkbox"/> Pumped	<input checked="" 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 5 to 35
Type: 3" SLotted Sand
 Pumped Poured

Bentonite Chips: Yes No _____ to _____
Type: 3/8" Hole Plug
 Pumped Poured

Date started: 5-24 , 20 10
Date completed: 5-24 , 20 10

7. Water Level
Static water level: 9 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

DCNR/DWR RECEIVED
JUN 17 2010

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Kagle Drilling Contractor
Address 7150 Placid Street Contractor
Las Vegas NV 89119
Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2097
Signed _____
By driller performing actual drilling on site or contractor
Date 6-1

(Rev. 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE