

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

OFFICE USE ONLY
Log No. 113358
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

W-81

NOTICE OF INTENT NO. 34680

1. OWNER Las Vegas Valley Water District ADDRESS AT WELL LOCATION 309 Valley View Blvd. Las Vegas
MAILING ADDRESS 1001 South Valley View Blvd. Las Vegas NV. 89153 Subdivision Name: _____ County: Clark

2. LOCATION SE 1/4 NE 1/4 Sec 31 T 20 N R 61 E Latitude 36.1686134338 UTM E _____ NAD 27
PERMIT/WAIVER No. 56358 139-31-602-003 Longitude 115.198331604 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 Stock Municipal/Industrial
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Wire brush well from 550' to 1160'</u>				
<u>Swab well from 550' to 1160'</u>				
<u>Blinded out full in well approx. 25 ft.</u>				
<u>Start Date 11-18-10</u>				

9. WELL CONSTRUCTION

Depth Drilled 1200 Feet Depth Cased 1175 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>20</u>			<u>+2</u>	<u>1175</u>

DCNR/DWR
RECEIVED
JAN 13 2011

LAS VEGAS OFFICE

Perforations:

Type of perforation Screen
Size of perforation .39" steel

From	feet to	feet	feet
<u>555'</u>	<u>805'</u>		
<u>825'</u>	<u>865'</u>		
<u>1075'</u>	<u>1155'</u>		

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

Date started: Nov. 18, 20 10
Date completed: Jan 3, 20 11

7. Water Level
Static water level: 57.2 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)

10. DRILLER'S CERTIFICATION

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

Name Las Vegas Valley Water Contractor
Address 1001 South Valley View Blvd Contractor
Las Vegas NV. 89153
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 2324

Signed Marty Garcia
By driller performing actual drilling on-site or contractor
Date 1-12-11

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY