

Log No. 36347

Permit No. _____

Basin _____

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 3330

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER CITY OF LAS VEGAS ADDRESS AT WELL LOCATION NORTH OF CAINEY PIPELINE, EAST OF PALM BLVD
 MAILING ADDRESS CITY HALL 400 EAST STEWART AVENUE 9th FLOOR, LV, NV, 89101
 2. LOCATION SE 1/4 SW 1/4 Sec 28 T. 19 N. R. 63E Clark County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Neat Cement		0	135	135'
Well Abandonment				
RECEIVED				
FEB 21 1992				
Div. of Water Resources Branch Office - Las Vegas, NV				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
Inches	Feet	Inches	Feet
_____	_____	_____	_____
Inches	Feet	Inches	Feet
_____	_____	_____	_____

CASING SCHEDULE

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

Perforations:

Type perforation _____
 Size perforation _____

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started MAY 24 19 91
 Date completed MAY 24 19 91

7. 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. DON WILSON
~~XXXXXXXXXXXX~~
 Name _____ Contractor
 Address 4670 S. PALMIS AVE. Contractor
LAS VEGAS, NV 89103-5615
 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 7M1589
 Signed Don Wilson
 By driller performing actual drilling on site or contractor
 Date _____