

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. **36398**
Permit No. **212**
Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **8438**

1. OWNER **HAEDINCO LAUSON**
MAILING ADDRESS **2300 Paseo del Prado**
LAS VEGAS, NEVADA.

ADDRESS AT WELL LOCATION **UNLOCAL**
DECATUR & EXPRESSWAY
LAS VEGAS, NEVADA

2. LOCATION **SE 1/4, SE 1/4 Sec. 25 T 20 NR 60 E.** **CLARK** County

PERMIT NO. **MO 2098**

Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Deepen
 Abandon
 Recondition
 Other.....

4. Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

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

LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Concrete		0	1 1/2	1 1/2
Sandy clay w/gravel		1 1/2	7	5.5
Part-cemented sand		7	8 1/2	1 1/2
clayey gravel w/sand		8 1/2	11 1/2	3
Silty clay w/some gravel		11 1/2	13	1 1/2
Sandy clay w/gravel		13	30	17

8. WELL CONSTRUCTION

Depth Drilled: **30'** Feet Well Diameter (BIT SIZE): **30'** Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
Inches: 10	Inches: 0	Feet: 30	Feet: 30
Inches: _____	Inches: _____	Feet: _____	Feet: _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4 1/8"	2.185	SCH. 40	0	30

Performances:
Type perforation: **Factory slotted**
Size perforation: **0.020** **30** feet to _____ feet

From _____ feet to _____ feet

Surface Seal: Yes No
Depth of Seal: **0 - 4 1/2" - 4 Bed** Seal Type: Neat Cement
Placement Method: Pumped Concrete Grout
 Gravel Packed: Yes No **W/B Seal**
From _____ feet to **30'** feet

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name: **D. CHARD** Contractor
LETORIANE
Address: **A-70 S. TORRIS** Contractor

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 preside driller: **M. BERT**

Signed: _____
By driller performing actual drilling on site or contractor
Date: **2-26-92**

RECEIVED
FEB 28 1992
Div. of Water Resources
Branch Office - Las Vegas, NV

7. WELL TEST DATA
Date started: **Oct 28** 19**91**
Date completed: **Oct 28** 19**91**

TEST METHOD: Bailer Pump Air Lift
G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____