

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

OFFICE USE ONLY
 Log No. 36412/36413
 Permit No. 212
 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. 8237

1. OWNER CITY OF LAS VEGAS ADDRESS AT WELL LOCATION WEST SIDE SEWER INTERCEPTOR
 MAILING ADDRESS LAKE MEAD DR. EAST OF RANCHO
 2. LOCATION SE 1/4 NE 1/4 Sec. 19 T 20 N 61 E CLARK County
 PERMIT NO. MO 2078 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
SILTY SAND		0	2	2
SANDY CLAY		2	5	3
CALICHE		5	6.5	1.5
SANDY CLAY		6.5	11.5	5
CLAY		11.5	17	5.5
TEMPORARY PIEZOMETER ABANDONED 7-22-91				

8. WELL CONSTRUCTION
 Depth Drilled 17 Feet Depth Cased 17 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 17 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>17</u>

Perforations:
 Type perforation FACTORY SLOTTED
 Size perforation 0.010"
 From 7 feet to 17 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

RECEIVED
 FEB 11 1992

9. WATER LEVEL
 Static water level 5.9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started JULY 19, 1991
 Date completed JULY 19, 1991

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.
 Name DON WILSON Contractor
 Address 4670 S. POLARIS AV. Contractor
LAS VEGAS, NV 89103
 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 M1589
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date _____