

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 8235

1. OWNER CITY OF LAS VEGAS ADDRESS AT WELL LOCATION VEGAS DR & CHEROKEE
 MAILING ADDRESS _____ WEST SIDE SEWER INTERCEPTOR
 2. LOCATION SE 1/4 SW 1/4 Sec. 20 T 20 N R 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
<u>FILL</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>CLAYEY SAND</u>		<u>3</u>	<u>6.5</u>	<u>3.5</u>
<u>CALICHE</u>		<u>6.5</u>	<u>9.5</u>	<u>3</u>
<u>SANDY CLAY</u>		<u>9.5</u>	<u>12.5</u>	<u>3</u>
<u>CALICHE</u>		<u>12.5</u>	<u>16</u>	<u>3.5</u>
<u>SANDY CLAY</u>		<u>16</u>	<u>20</u>	<u>4</u>
RECEIVED				
FEB 11 1992				
Div. of Water Resources Branch Office Las Vegas, NV				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 17 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 20 Feet
 _____ Inches _____ Feet _____ 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>				

 Perforations:
 Type perforation FACTORY SLOTTED
 Size perforation 0.010"
 From 12 feet to 17 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started JULY 10, 1991
 Date completed JULY 10, 1991

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 15.35 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 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 Don Wilson
 By driller performing actual drilling on site or contractor
 Date _____