

OFFICE USE ONLY
Log No. **30433**
Permit No. **212**
Basin

WELL DRILLER'S REPORT

NOTICE OF INTENT NO. **9491**

PRINT OR TYPE ONLY

Please complete this form in its entirety

1. OWNER **NIGI20 ASSOCIATES**
MAILING ADDRESS **2065 E. SHARPA AVE STE A**
LAS VEGAS NV 891

ADDRESS AT WELL LOCATION **SON BUILDING**
MARTIN LUTHER KING BLVD
LAS VEGAS, NV

2. LOCATION **SW 1/4 SE 1/4 Sec 33 T 20 N/S R 61 F**
PERMIT NO. **HO-2123**

Parcel No. _____
Subdivision Name _____
County **CLARK**

3. TYPE OF WORK
New Well Recondition Other
Decpen Domestic Municipal
Irrigation Industrial Stock Other **4062**

4. PROPOSED USE **MANHOLE**
Test Cable Rotary

5. TYPE WELL
Diameter **8** inches Total depth **35** feet

6. LITHOLOGIC LOG
Material Water Strata From To Thick-ness
ASPHALT + FILL 0 2.5 2.5
Clayey silt 2.5 7 4.5
Sly clay 7 ~~10.22~~ **3.15**
CALICHE 22 23 1
Clay w/silt 23 31 8
CALICHE 31 32.5 1.5
CLAY 32.5 35 2.5

8. WELL CONSTRUCTION
Casing record _____ inches
Weight per foot **0.70 lbs** Thickness **3/4 40 PK**
Diameter **2** inches From **0** feet To **35** feet
Surface seal: Yes No Type **GRAOUT**
Depth of seal _____ feet
Gravel packed: Yes No feet to **35** feet
Gravel packed from **10** feet to **35** feet

Perforations:
Type perforation **0.020 Factory slotted**
Size perforation **0.020** inches
From **10** feet to **35** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level **15.5** feet below land surface
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 **Richard Kephane** Contractor **Consense Consult**
Address **4670 Z. Peltan's HAS Vega NV**
Contractor _____

7. WELL TEST DATA
Date started **2-26** 19**92**
Date completed **2-26** 19**92**
Pump RPM _____ G.P.M. _____ Draw Down _____ Alter Hours Pump _____
BAILER TEST
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours

