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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. 8451

1. OWNER NATIONAL PARK SERVICE ADDRESS AT WELL LOCATION LAS VEGAS WASH SEWAGE LAGOONS
 MAILING ADDRESS _____ LAKE MEAD NATIONAL RECREATION AREA
 2. LOCATION NW 1/4 SW 1/4 Sec 19 T 21 N 64 E County CLARK
 PERMIT NO. MO 2105 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
FILL		0	12	12'
SILTY SAND		12	40	28'
CLAY		40	56	16'
SILT		56	58	2'
CLAY		58	70	12'
FAT CLAY		70	77	7'
CLAY		77	82	5'
SILTY SAND		82	101	19'
SANDY SILT		101	108	4'
SILTY SAND		105	131	26'
CLAY		131	135	4'
SILTY SAND		135	174	39'
CLAY		174	180	6'
SANDY SILT		180	200	20'

8. WELL CONSTRUCTION
 Depth Drilled 200' Feet Depth Cased 200' Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 1/2 Inches 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"			0	200

Perforations:
 Type perforation FACTORY SLOTTED
 Size perforation 0.010"
 From 120 feet to 200 195 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 116 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 116 feet to 200 feet

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9. WATER LEVEL
 Static water level 162.8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started DEC. 10 1991
 Date completed DEC. 11 1991

7. WELL TEST DATA

TEST METHOD:	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 M-1589
 Signed Don Wilson
 By driller performing actual drilling on site or contractor
 Date _____