

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

OFFICE USE ONLY  
 Log No. **41431**  
 Permit No. \_\_\_\_\_  
 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. **23679**

1. OWNER **LAS VEGAS PAVING CORP** ADDRESS AT WELL LOCATION **WEST ON RAWHIDE**  
 MAILING ADDRESS **301 N 5TH ST**  
 2. LOCATION  $\frac{1}{4}$  **DV 1010**  $\frac{1}{4}$  Sec. **29** T **21** N/S R. **62** (E) **Clark** County  
 PERMIT NO. **DV 1010** 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 **BUCKET**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>Road Bed</b>		<b>0</b>	<b>2</b>	<b>2</b>
<b>Sandy Clay</b>		<b>2</b>	<b>15</b>	<b>13</b>
<b>Red Clay</b>		<b>15</b>	<b>28</b>	<b>13</b>
<b>Green Clay</b>		<b>28</b>	<b>40</b>	<b>12</b>

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
**24"** Inches From **0** Feet To **40** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>12</b>			<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **0.40**  
 From **20** feet to **40** 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 **0** feet to **40** feet

RECEIVED

MAY 19 1993

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 Branch Office - Las Vegas, NV

9. WATER LEVEL  
 Static water level **8** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **4-14** 19**93**  
 Date completed **4-14** 19**93**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Foot Hills Eng** Contractor **I**  
 Address **905 E 3RD ST** Contractor  
**Corona Calif.**  
 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 **1567**  
 Signed **Chuck W. Sewell**  
 By driller performing actual drilling on site or contractor  
 Date **4-14**

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			