



WHITE—DIVISION OF WATER RESOURCES
 PRIMARY—CLIENT'S COPY
 PINK—WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. **48072**
 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. **14436**
FORMER UPRR

1. OWNER **USPCA/LAIDIAW** ADDRESS AT WELL LOCATION **YARD**
 MAILING ADDRESS **3838 RAYMERT DR #3**
LAS VEGAS, NV 89121
 2. LOCATION **SE 1/4 SW 1/4 Sec. 27 T. 20 N. 61 E. CLARK** County
 PERMIT NO. **MO-2587** Parcel No. **41-14** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE **MW-57B**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other **AUGER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND & GRAVEL		0	8	8
SILTY CLAY		8	12	4
CALICHE		12	13.5	1.5
SILT		13.5	15	1.5
CALICHE		15	16.5	1.5
SILT		16.5	18.2	1.7
CALICHE		18.2	18.3	0.1

8. WELL CONSTRUCTION
 Depth Drilled **18.3** Feet Depth Cased **18.3** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **18.3** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	18.3

Perforations:
 Type perforation **FACTORY SLOT**
 Size perforation **0.010**
 From **8.3** feet to **18.3** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0.5/5.7 BENTONITE** Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **7** feet to **18.3** feet

9. WATER LEVEL
 Static water level **16.93** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **JUNE 15**, 19**95**
 Date completed **JUNE 15**, 19**95**

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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 **THOMAS HIGHT**
 Address **21670 So. Colonial Ave**
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 **M1869**
 Signed **Thomas Hight**
 By driller performing actual drilling on site or contractor
 Date **7-21-95**

