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WELL #3

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. 13702

1. OWNER TAB CONTRACTING ADDRESS AT WELL LOCATION SAHARA INTERCEPTOR SEWER
 MAILING ADDRESS 3617 N 5TH ST.
N. LAS VEGAS, NV 89030

2. LOCATION NE 1/4 NE 1/4 Sec. 8T 21 N/S R. 62 E CLARK County
 PERMIT NO. DW 1031 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. Domestic 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
SILTY CLAY AND SOME GRAVEL		0	7	7
GRAVEL (RIVER BED)		7	9	2
SILTY CLAY		9	15	6
CALICHE		15	17	2
CLAY ASST COLORS		17	30	13

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 32 Inches 0 Feet 30 Feet
 To _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>16</u>		<u>2.44</u>	<u>0</u>	<u>30</u>

Perforations: LOUVER
 Type perforation _____
 Size perforation 1/32
 From 20 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 30 feet to 0 feet

9. WATER LEVEL
 Static water level 6 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 ALLEN DRILLING INC Contractor
 Address 4847 S. VALLEY VIEW Contractor
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board 0018917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1661

Signed Donald E. Wall
 By driller performing actual drilling on site or contractor
 Date 5-2-95

Date started 3/21/95, 19____
 Date completed 4/5/95, 19____

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			

