



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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **48293**
 Permit No. _____
 Basin **212**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **14385**

1. OWNER **NDEP-State of Nevada** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **555 E. Washington Las Vegas 8901** **900 Block E. Fremont - Las Vegas**
see attached plan
 2. LOCATION **NE 1/4 NE 34 T 20 S R. 61 E Clark** County
 PERMIT NO. **MO-2500** 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 **Auger**

6. LITHOLOGIC LOG **MW-3**

Material	Water Strata	From	To	Thickness
Fill - Asphalt base		0	1	
SANDY CLAY		1	5	
CALICHE		5	10	
SANDY CLAY	Y	10	20	
CALICHE	Y	20	24	
SANDY CLAY	Y	24	25	

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **24.5** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6** Inches To **24.5** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	PVC	sch 40	0	24.5

Perforations:
 Type perforation **slotted screen**
 Size perforation **0.10 inch**
 From **24.5** feet to **9.5** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **7** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **7** feet to **25** feet

9. WATER LEVEL
 Static water level **10.70** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **6/15**, 19**95**
 Date completed **6/15**, 19**95**

7. WELL TEST DATA

TEST METHOD:	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 **Tim At** c/o **WSTI** Contractor
 Address **3611 W. Tompkins Las Vegas 89103** Contractor
 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 **M1761**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **7-5-95**

