

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT *in book*

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **16287**

1. OWNER **CITY OF LAS VEGAS** ADDRESS AT WELL LOCATION **501 NORTH MOHAVE RD, LAS VEGAS NV**
 MAILING ADDRESS **CITY HALL, 4TH FLOOR, 400 STEWART AVE, LAS VEGAS, NV 89101**

2. LOCATION **NE 1/4 NE 1/4 Sec. 36 T. 20 N. R. 61 E. CLARK** County
 PERMIT NO. **MO-2639** Issued by Water Resources Parcel No. **13936502-002** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE **MU-1**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **AUGER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SILTY CLAY		0	5	5
CLAY		5	15	10
GRAVELLY SAND		15	15.5	0.5
CLAY		15.5	16	0.5
GRAVELLY SAND		16	20	4
CLAY		20	35	15
GRAVELLY SAND		35	41	6
CLAY		41	45	4
GRAVELLY SAND		45	59	14
CLAY		59	67	8

8. WELL CONSTRUCTION
 Depth Drilled **67** Feet Depth Cased **60** Feet

HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **67** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	1.9	0.237	0	60

Perforations:
 Type perforation **FACTORY SLOT**
 Size perforation **0.020**
 From **20** feet to **60** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-1'-1.5' BENTONITE** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **5** feet to **67** feet



Date started **OCT 3** 19**95**
 Date completed **OCT 3** 19**95**

7. WELL TEST DATA

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)	

9. WATER LEVEL
 Static water level **14.3** 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 **THOMAS HIGH** Contractor
 Address **731 PILOT RD STE H LAS VEGAS NV 89119** 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 **M1869**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **1-8-96**