

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. **51267**
Permit No. **212**
Basin

Well #3

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

1. OWNER
Bill Kuhn

MAILING ADDRESS: **1100 E. Colton**

ADDRESS AT WELL LOCATION: **1100 E. Colton**

2. LOCATION: **N. Las Vegas** 1/4 3E 1/4 Sec 11 T. 20 N. 8 R. 61 E. **Clark** County

PERMIT NO. **MO-2077A** **139-11-303-011**

Issued by Water Resources

Parcel No.

Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen
 Recondition
 Other

4. Domestic
 Municipal/Industrial

PROPOSED USE **#3**
 Irrigation
 Monitor
 Test
 Stock

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand & Gravel Fill		0	2'	2'
Silty sand		2'	26'	18'
water		42'		
Silty clay / w sand		20'	65'	45'

8. WELL CONSTRUCTION
Depth Drilled: **65** Feet
Depth Cased: **65'** Feet

HOLE DIAMETER (BIT SIZE)

4" From 0 Feet To **25'** Feet
Inches: 0 Feet
Inches: Feet
Inches: Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	21lb	SCF 40	0	65'

Perforations:

Type perforation: **Factory slot**
Size perforation: **0.20**
From: **40'** feet to **65'** feet
From: feet to feet
From: feet to feet
From: feet to feet

Surface Seal: Yes No
Depth of Seal: **38' Bent/0-36'**
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From: **38'** feet to **65'** feet

9. WATER LEVEL

Static water level: 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 know/edge.

Name: **Thomas P. High** Contractor
Address: **731 Pilot rd #H**
Las Vegas N.V. 89119
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: **M-1869**

Signed: **[Signature]**
By driller performing actual drilling on site or contractor
Date: **12-11-95**

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) Time (Hours)

Date started: **Dec 6**, 19**95**
Date completed: **Dec 6**, 19**95**