

PRINT OR TYPE ONLY
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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. 17496

1. OWNER MAX RIGGS ADDRESS AT WELL LOCATION ATS BELTWAY AT
MAILING ADDRESS 2640 LAS VEGAS BLVD. NO. MC CAREN AIRPORT CONCOURSE D
NO. LAS VEGAS, NV 89030 LAS VEGAS

2. LOCATION 1/4 1/4 Sec. 34T 21 N/S R 61 E. CLARK County
PERMIT NO. DW-1044 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE dewater
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other DEWATER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
PARTIALLY CEMENTED		0	2	2
SILTY WHITE DRY CLAY		2	5.5	3.5
CALECHI		5.5	7.5	2
BROWN CLAY DRY		7.5	14	6.5
WHITE STREAKS				
CEMENT CONGLOMERAT		14	15	1
MOIST BROWN CLAY		15	21	6
VERY HARD CEMENTED CONGLOMERATE		21	24	3
<u>RED WET CLAY</u>	<u>*</u>	<u>24.5</u>	<u>48</u>	<u>23.5</u>

8. WELL CONSTRUCTION
Depth Drilled 48 Feet Depth Cased 48 Feet

HOLE DIAMETER (BIT SIZE)
From To
24 Inches 0 Feet 48 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>				

Perforations: **FACTORY PERFORATION**
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
From 0 feet to 48 feet

9. WATER LEVEL
Static water level 28.5 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: _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 18916 16661
Signed Donald T. Wall
By driller performing actual drilling on site or contractor
Date Jan 16, 96

Date started 12/28/95, 19_____
Date completed 1/3/96, 19_____
7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

