



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. _____

PRINT OR TYPE ONLY

1. OWNER BILL RIVERA ADDRESS AT WELL LOCATION 5170 WEST -
 MAILING ADDRESS PIONEER WAY LAS VEGAS

2. LOCATION se 1/4 nw 1/4 Sec. 34 T. 19 N/S R. 60 E CLARK County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other
 5. TYPE WELL
 Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY & GRAVEL		355	355	355
FRIST WATER	210			
WATER STRARA	288			
	322			
	348			

8. WELL CONSTRUCTION
 Diameter hole 12 1/4 inches Total depth 355 feet
 Casing record 8 & 5/8
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>12 1/4</u> inches	<u>0</u> feet	<u>355</u> feet
<u>8 & 5/8</u> inches	<u>0</u> feet	<u>355</u> feet

 Surface seal: Yes No Type CEMENT
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 355 feet
 Perforations:
 Type perforation FACTORY
 Size perforation _____
 From 355 feet to 295 feet
 From _____ feet to _____ feet

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 OCT 3 1984
 DIV OF WATER RESOURCES
 District Office Las Vegas, Nev

9. WATER LEVEL
 Static water level 190 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature 67 ° F. Quality GOOD

Date started 9-14, 1984
 Date completed 9-16, 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>3 450</u>	<u>44</u>	<u>46</u>	<u>8</u>

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name VEGAS DRILLING CO
 Contractor
 Address 5956 Calvert LV. 89130
 Contractor
 Nevada contractor's license number 015972
 Nevada contractor's drillers number 944
 Nevada driller's license number 944
 Actual Driller
 Signed [Signature]
 Contractor
 Date 9-30-84

AIR TEST
 G.P.M. 120 Draw down 84 feet 3 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours