

Log No. 61575

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. 15623

1. OWNER Desert Plumbing ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3333 S. Procyon Ave 3333 S. Procyon Ave.  
LU N 89102  
 2. LOCATION NW 1/4 NW 17 T. 21 R. 61 E. CLARK County \_\_\_\_\_  
 PERMIT NO. MO-2777 162-17-001-007 Parcel No. \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_ 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 \_\_\_\_\_

6. LITHOLOGIC LOG MLW-4

Material	Water Strata	From	To	Thick-ness
Fill - 2" AC base		0	1	
CLAYEY SAND		1	3	
CALICHE		3	5	
SILTY CLAY		5	8	
CLAYEY SAND		8	10	
CALICHE		10	13	
Gravelly clay w/sand	Y	13	20	
CALICHE	Y	20	21	
Gravelly Sand	Y	21	24	
CALICHE	Y	24	24.5	
Gravelly Sand	Y	24.5	26	

8. WELL CONSTRUCTION  
 Depth Drilled 26 Feet Depth Cased 25 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 Inches To 0 Feet 26 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>25</u>

Perforations:  
 Type perforation slotted screen  
 Size perforation 0.10 inch  
 From 10 feet to 25 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 9  Neat Cement  
 Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 9 feet to 26 feet

9. WATER LEVEL  
 Static water level 11.18 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 2/4 1997  
 Date completed 2/4 1997

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 do Terracon Consultants Contractor  
 Address 4343 S. Polaris Contractor  
LU 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 M1944  
 Signed Thomas W. Beall  
 By driller performing actual drilling on site or contractor  
 Date 2/14/97