



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. **15197**

1. OWNER **Clark County** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **500 S. Grand Central Pk Way Las Vegas Nev.** \_\_\_\_\_  
 2. LOCATION **S 1/2** 1/4 Sec. **3** T. **22** N/S R. **61** E. **Clark** County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. **177.03301.009** 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

Material	Water Strata	From	To	Thickness
<b>Plugged with <del>grout</del> Cement</b>	<b>0</b>	<b>90</b>		
<b>GRON</b>				
<b>76</b>				
<b>Parcel # Can not Be Found At</b>				
<b>County or with</b>				
<b>Keith Engineering</b>				
<b>or Kalb Const.</b>				
<b>Map For County Being Redone</b>				

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

CASING SCHEDULE

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

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured  Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Date started **12-14** 19**92**  
 Date completed **12-14** 19**92**

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 **Redding Drilling** Contractor  
 Address **8170 Haven** Contractor  
**LAS VEGAS NV 89123**  
 Nevada contractor's license number issued by the State Contractor's Board **3865**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1798**  
 Signed **W. Redding**  
 By driller performing actual drilling on site or contractor  
 Date **12-12-96**

