

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 65880
Permit No. 212
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 14018

1. OWNER New York New York well 03 ADDRESS AT WELL LOCATION
MAILING ADDRESS LV BLVD + TROPICANA

2. LOCATION SE 1/4 SE 1/4 Sec. 20 T 21 N15 R 61 E CLARK County
PERMIT NO. DW-1032 Issued by Water Resources Parcel No. 162-20-801-004 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
4. PROPOSED USE dewater
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>CLAY + CALICHE</u>	<u>33</u>	<u>0</u>	<u>60</u>	<u>60</u>
<u>* DRILLED 3 WELLS</u>				
<u>THE SAME.</u>				

8. WELL CONSTRUCTION
Depth Drilled 60 Feet Depth Cased 60 Feet
HOLE DIAMETER (BIT SIZE)
From 12 1/4 Inches To 60 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.92</u>	<u>1.88</u>	<u>+1</u>	<u>60</u>

Perforations:
Type perforation FACTORY SAW
Size perforation 18 x 2 1/2
From 40 feet to 60 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From SURFACE feet to 60 feet

9. WATER LEVEL
Static water level 32 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 WATER WELL SERVICE Contractor
Address 6475 GARY AVE Contractor
LAS VEGAS, NV. 89139
Nevada contractor's license number issued by the State Contractor's Board 34274
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1966
Signed Timdall Couch
By driller performing actual drilling on site or contractor
Date 6-16-95

Date started 5-1, 1995
Date completed 5-8, 1995

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			

