

Log No. 1090
Sheet No. 1092

City Las Vegas

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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.33

2187576777

NOTICE OF INTENT NO.

Basin

1. OWNER US Air Force

MAILING ADDRESS WITCHELL 4551 DEVLIN DR.

ADDRESS AT WELL LOCATION IMHOFF WASTEWATER TREATMENT SYSTEM

Nellis AFB, NV 89194-6546

ENVIRONMENTAL REGULATION PONDS (MWR-2)

2. LOCATION 1/4 SE 1/4 SE 1/4 Sec 36 T. 19 N. R. 62 E. CLARK

Clark County

PERMIT NO. MO-2221

Issued by Water Resources

Parcel No.

Subdivision Name

3. WORK PERFORMED

- New Well Replace Recondition
 Deepen Abandon Other

PROPOSED USE

- Irrigation Test Monitor
 Domestic Municipal/Industrial Stock

WELL TYPE

- Cable Rotary RVC
 Other Hand Drilled

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Coarse sand, gravel, cobbles</u>		<u>0</u>	<u>3</u>	<u>3'</u>
<u>Fine silty sand, gravel</u>		<u>3</u>	<u>8</u>	<u>5'</u>
<u>Silty sand, gravel, cobbles</u>		<u>8</u>	<u>10</u>	<u>2'</u>
<u>Same as previous</u>		<u>10</u>	<u>13</u>	<u>3'</u>
<u>Gravel, some fine coarse sand</u>		<u>13</u>	<u>18</u>	<u>5'</u>
<u>Silty sand, coarse sand, gravel</u>		<u>18</u>	<u>20</u>	<u>2'</u>
<u>Same as previous</u>		<u>20</u>	<u>23</u>	<u>3'</u>
<u>Gravels, fine med sand, silt</u>		<u>23</u>	<u>29</u>	<u>5'</u>
<u>Gravels, fine silty sand, med sand</u>		<u>29</u>	<u>30</u>	<u>1'</u>
<u>Same as previous</u>		<u>30</u>	<u>33</u>	<u>3'</u>
<u>Gravels, silty sand, med sand</u>		<u>33</u>	<u>39</u>	<u>5'</u>
<u>Harder gravel, fine med sand</u>		<u>39</u>	<u>40</u>	<u>1'</u>
<u>Same as previous</u>		<u>40</u>	<u>43</u>	<u>3'</u>
<u>Same as previous</u>		<u>43</u>	<u>48</u>	<u>5'</u>
<u>Coars, fine med sand</u>		<u>48</u>	<u>50</u>	<u>2'</u>
<u>Same as previous</u>		<u>50</u>	<u>53</u>	<u>3'</u>
<u>Caliche gravel, sand & silt</u>		<u>53</u>	<u>58</u>	<u>5'</u>
<u>Caliche, med fine sand, silt</u>		<u>58</u>	<u>60</u>	<u>2'</u>
<u>Caliche gravel, silt, med fine sand</u>		<u>60</u>	<u>63</u>	<u>3'</u>
<u>Same as previous</u>		<u>63</u>	<u>68</u>	<u>5'</u>
<u>Caliche 68.5', same material</u>		<u>68</u>	<u>70</u>	<u>2'</u>
<u>Caliche gravel, med fine sand</u>		<u>70</u>	<u>73</u>	<u>3'</u>
<u>soft material</u>		<u>73</u>	<u>79</u>	<u>5'</u>
<u>Caliche, silty peagravel</u>		<u>79</u>	<u>80</u>	<u>1'</u>
<u>same as previous</u>		<u>80</u>	<u>83</u>	<u>3'</u>
<u>same as previous</u>		<u>83</u>	<u>88</u>	<u>5'</u>
<u>Hard caliche, silt</u>		<u>88</u>	<u>90</u>	<u>2'</u>
<u>same as previous</u>		<u>90</u>	<u>93</u>	<u>3'</u>
<u>Hard, water at 97'</u>		<u>93</u>	<u>98</u>	<u>5'</u>

Date started 1-12 1993
Date completed 1-19 1993

7. WELL TEST DATA N/A

TEST METHOD: Bailor Pump Air Lift

RECEIVED

FEB 02 1993

Div. of Water Resources
Branch Office - Las Vegas, NV

8. WELL CONSTRUCTION
Depth Drilled 117 Feet
Depth Cased 117 Feet

HOLE DIAMETER (BIT SIZE)

From 8 Inches to 0 Feet 117 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8.0</u>	<u>199</u>	<u>5/16</u>	<u>7.85</u>	<u>117.0</u>
			<u>PVC</u>	

Perforations:

Type perforation QUIET
Size perforation 0.030 with 1/32.0

Surface Seal: Yes No
Depth of Seal 0-24.5
Placement Method: Pumped Poured
Seal Type: Near Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
From 26.5 feet to 117.0 feet

9. WATER LEVEL
Static water level 93.4 feet below land surface
Artesian flow N/A G.P.M. N/A P.S.I.
Water temperature ~60 °F Quality N/A

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
Address _____ Contractor

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 171855
Signed Roger W. MacRae
Driller performing actual drilling on site or contractor
Date 1-22-93

292 2

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 1065161
 Permit No.
 Basin.

NOTICE OF INTENT NO. _____

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER *US Air Force*

2. LOCATION *4551 DENNIS DR*

ADDRESS AT WELL LOCATION *Max Hunter Treatment System Expansion/Reclamation Ponds (MW-2)*

MAILING ADDRESS *WTR/ENV, 4551 DENNIS DR*
Nellis AFB, NV 89191-6546

PERMIT NO. _____ Issued by Water Resources _____ Project No. _____
 N.A.S. R. _____ F. _____ S. _____
 Subdivision Name _____

3. WORK PERFORMED
 New Well
 Replace
 Deepen
 Abandon
 Recondition
 Other

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

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<i>Silt sand & clay, caliche</i>	<i>X</i>	<i>98</i>	<i>100</i>	<i>2'</i>
<i>- Same as previous -</i>	<i>X</i>	<i>100</i>	<i>103</i>	<i>3'</i>
<i>Silt sandy clay, caliche</i>	<i>X</i>	<i>103</i>	<i>110</i>	<i>3'</i>
<i>Silt sandy clay, sand</i>	<i>X</i>	<i>110</i>	<i>113</i>	<i>3'</i>
<i>Silt sandy clay, moist</i>	<i>X</i>	<i>113</i>	<i>117</i>	<i>5'</i>

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet
 Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ 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
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
 Address _____ Contractor
 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 _____

Signed _____
 By driller performing actual drilling on site or contractor _____
 Date _____

7. WELL TEST DATA
 Date started _____ 19____
 Date completed _____ 19____

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