

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. **12125**

1. OWNER **LV CONV. VISITORS AUTH % G.C.** ADDRESS AT WELL LOCATION **SOUTH HALL OF THE CONVENTION CENTER**
MAILING ADDRESS **WALLACE, 1555 S. RAINBOW LAS VEGAS, NV 89102**

2. LOCATION **NE 1/4 NW 1/4 Sec. 15 T. 21 N. R. 6' E CLARK** County

PERMIT NO. **ND-2353** Issued by Water Resources Parcel No. _____ 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 **AUGER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT/FILL		0	2 1/2	2 1/2
CLAYEY SAND W/GYP		2 1/2	3 1/2	1
SANDY CLAY W/GYP		3 1/2	5	1 1/2
CALICHE		5	7 1/2	2 1/2
SANDY CLAY		7 1/2	9	1 1/2
CLAY		9	10	1
SILTY SAND W/ GRAV		10	11	1
CLAY TRACE GRAVEL		11	13	2
GRAVELLY CLAY		13	15	2
SANDY CLAY		15	20	5

8. WELL CONSTRUCTION
Depth Drilled **20** Feet Depth Cascd **20** Feet

HOLE DIAMETER (BIT SIZE)
From **8** Inches To **0** Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	20

Perforations:
Type perforation **FACTORY SLOT**
Size perforation **0.020**
From **5** feet to **20** feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal **0-1' / 1-3' BENTONITE** Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From **3** feet to **20** feet

RECEIVED
NOV 16 1993
Div. of Water Resources
Branch Office - Las Vegas, NV

Date started **NOVEMBER 8**, 19**93**
Date completed **NOVEMBER 8**, 19**93**

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			

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 **WILLIAM MAXWELL**
Address **4670 SO. SOLARIS AVE LAS VEGAS NV 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, then-site driller **M1589T-1**
Signed **William C. Maxwell**
By driller performing actual drilling on site or contractor
Date **11-11-93**