

23 Wells

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 75550
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. 5280

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION TROP EAST
MAILING ADDRESS 5857 E. FLAMINGO
LV NV 89102
2. LOCATION NW 1/4 NW 1/4 Sec. 27 T. 21 N. R. 62 E. CLARK County
PERMIT NO. DW 1094 161-27-199-001 TROP EAST 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	Thick-ness
<u>CLEAN OUT HOLES</u>				
<u>AS PER AGREEMENT</u>				
<u>Killed w/ 5 sack</u>				
<u>CEMENT GROUT</u>				
<u>To BOTTOM of TYPE 2</u>				
<u>WELL 10</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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
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 8 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 11-30, 1998
Date completed 1-25, 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 1661
Signed Daniel Wall
By driller performing actual drilling on site or contractor
Date 2-9-99

