

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. 75557
Permit No. _____
Basin. 21a

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 62 E CLARK County
 PERMIT NO. DW 1094 161-27-199-001 TROP EAST

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

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 TYP 2</u>				
<u>Well 17</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
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

Depth of Seal _____

Placement Method: Pumped
 Poured

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 Donald Welch
 By driller performing actual drilling on site or contractor

Date 2-9-99

