

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. 76153
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. 5276

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5857 E Flamingo TROP EAST
LV NV 89122
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 _____
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other DWTR
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
<u>ASPLACT TYPE 2</u>		<u>0</u>	<u>24</u>	<u>2</u>
<u>DRY SILTY CLAY</u>		<u>2</u>	<u>8</u>	<u>6</u>
<u>WET SILTY CLAY</u>		<u>8</u>	<u>16</u>	<u>8</u>
<u>NO MORE WELLS</u>				
<u>DRILL PAST THIS</u>				
<u>POINT.</u>				

8. WELL CONSTRUCTION
Depth Drilled 16 Feet Depth Case Well Point Feet
HOLE DIAMETER (BIT SIZE)
From To
12 Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation SAND SCREEN
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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 0 feet to 16 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 11-13 1998
Date completed 1-25 1999

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			

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 W. [Signature]
By driller performing actual drilling on site or contractor
Date 2-9-99

