

# DRILL 45 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. 76256  
 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. 5270

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 5857 ERLANINGO  
LV NV 89102

2. LOCATION NE 1/4 NE 1/4 Sec 27 T 21 S N/S R 62 E CLARK County  
 PERMIT NO. DW 1094 161-27-599-0024001 TROPICANA EAST  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other DWATER

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

5. WELL TYPE  
 Cable  Rotary  RYC  
 Air  Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ASPHALT &amp; TYPE 2</u>		<u>0</u>	<u>2</u>	<u>2 FT</u>
<u>DRY SILT &amp; CLAY</u>		<u>2</u>	<u>9.5</u>	<u>7.5</u>
<u>WET SILT, SANDY CLAY</u>	<u>*</u>	<u>9.5</u>	<u>20</u>	<u>11.5</u>
<u>Well 44</u>				

8. WELL CONSTRUCTION

Depth Drilled 20 Feet Depth Cased WELL POINT Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>12</u>				

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
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 20 feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level 8 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature COOL °F Quality \_\_\_\_\_

Date started 9-2, 1998  
 Date completed 9-7, 1998

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 SOUTHWEST PAVING 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 Donall F. Walk  
 By driller performing actual drilling on site or contractor  
 Date 9-15-98