

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 76747
 Permit No. _____
 Basin _____

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in
 accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 5279

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5857 E FLAMINGO
LV NV 89102
 2. LOCATION NE 1/4 NW 1/4 Sec 27 T 21 N 6 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 DWTR
 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 Holes out</u>				
<u>As Per Assessment</u>				
<u>Fill w/5 sack</u>				
<u>CEMENT GROUT</u>				
<u>to BOTTOM of</u>				
<u>TYPE 2</u>				
<u>51 ABANDON</u>				
<u>11 EXCAVATED OUT</u>				
<u>62 total</u>				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 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 _____
 Size perforation _____
 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 _____ feet to _____ feet

Date started 11-10 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			

9. WATER LEVEL
 Static water level 8 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 _____ 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 Wall
 By driller performing actual drilling on site or contractor
 Date 2-9-99

