

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. 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. OR 6E 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 D.W.T.R.
4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Clean Holes out</u>				
<u>AS PER AGREEMENT</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 To _____ Feet
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

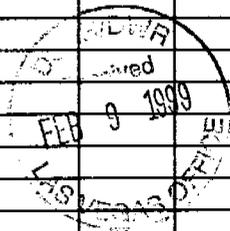
Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

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



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			