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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. 5277

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 5857 E FLAMINGO \_\_\_\_\_  
LUNY 89102 \_\_\_\_\_  
 2. LOCATION NE 1/4 NE 1/4 Sec. 27 T. 26 S N/S R. 62 E CLARK County \_\_\_\_\_  
 PERMIT NO. DW 1094 161-27-599-0021001 TROPICANA EAST Subdivision Name \_\_\_\_\_  
Issued by Water Resources Parcel No.

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 HOLES</u>				
<u>OUT TO 14 FT AS</u>				
<u>PER AGREEMENT</u>				
<u>FILL WITH 5 SACK</u>				
<u>CEMENT GROUT TO</u>				
<u>BOTTOM OF TYPE 2</u>				
<u>39 ABANDONED</u>				
<u>16 EXCAVATED</u>				
<u>55 total</u>				
<u>AS PER MAP</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 20 Feet Depth Cased \_\_\_\_\_ 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 \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 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 \_\_\_\_\_

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Donna Southwest Paving Contractor  
 Address \_\_\_\_\_ Contractor

Date started 9-25, 1998  
 Date completed 9-27, 1998

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 K. Wall  
 By driller performing actual drilling on site or contractor

Date 10-31-98