

OFFICE USE ONLY  
 Log No. 77109  
 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. 16829

1. OWNER Robert Walsh ADDRESS AT WELL LOCATION 116 Garces Ave + 704 Casino Center Street  
 MAILING ADDRESS 333 S. 3rd St  
Las Vegas NV 89101  
 2. LOCATION NW 1/4 SW 1/4 Sec 34 T 20 N/S R 61 E Clark County  
 PERMIT NO. 139-34-310-033+034 Issued by Water Resources Parcel No. Subdivision Name

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
Silty sand		0	5	5
Clayey sand		5	10.5	5.5
Caliche		10.5	13.5	3
Sandy clay		13.5	16	2.5
Caliche		16	22	6

8. WELL CONSTRUCTION  
 Depth Drilled 22 Feet Depth Cased 20.5 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 Inches To 22 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>20.5</u>

Perforations:  
 Type perforation stotted  
 Size perforation 2.015  
 From 5.65 feet to 20.33 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 1  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 3.5 feet to 22 feet

9. WATER LEVEL  
 Static water level 9.0 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 6-23, 1999  
 Date completed 6-23, 1999

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 \_\_\_\_\_ 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 \_\_\_\_\_  
 Signed [Signature]  
 Date 6-23-99

