

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

OFFICE USE ONLY  
 Log No. 77253  
 Permit No. \_\_\_\_\_  
 Basin 212

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. 5278

1. OWNER Clark County Sanitation ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 5857 E Flamingo

2. LOCATION NW 1/4 NE 1/4 Sec. 27 T. 21 S N/S R 62 E CLARK County \_\_\_\_\_  
 PERMIT NO. DW 1094 161-27-599-001 TROPICANA EAST  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE dewater WELL TYPE  
 Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Municipal/Industrial  Monitor  Stock  Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>CLEAN out holes</u>				
<u>AS PER AGREEMENT</u>				
<u>FILL WITH 5 SACK CEMENT GROUT TO BOTTOM OF TYPE 2</u>				
<u>44 ABANDONED</u>				
<u>22 EXHAUSTED OUT</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 \_\_\_\_\_

Date started 10-1, 1998  
 Date completed 1-25, 1999

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 1661  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller.  
 Signed Donal L Wall  
 By driller performing actual drilling on site or contractor  
 Date 2-9-99

