

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. 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 EXCAVATED 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:
 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 _____ 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 Donald L. Wall
 By driller performing actual drilling on site or contractor
 Date 2-9-99

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

7. WELL TEST DATA

TEST METHOD:	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)

