

PRINT OR TYPE ONLY  
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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. 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	Thickness
<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 \_\_\_\_\_ 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:  
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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 Wall  
By driller performing actual drilling on site or contractor  
Date 2-9-99

