

THIRD ELOU, 10-00 X 12 00

APPX-30 well points

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 80152
Permit No. DW 1112
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. 411739

1. OWNER LAS VEGAS PAVING ADDRESS AT WELL LOCATION END OF E. SUNSET
MAILING ADDRESS 4420 S. DECATOR RD # LAS VEGAS WASH
CAS VEGAS NV 89103
2. LOCATION SW 1/2 S 1/2 Sec 30 T 21 N/S R 63 E CLARK County
PERMIT NO DW 1112 160-30-003 Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other well points
4. Proposed USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock
5. WELL TYPE
 Cable Rotary RVC Air Other well points

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
1. Silty Sand w/Gravel (SM) dense, light Brown	4'	0'	3'	3'
2. CLAYEY Sand w/Gravel (SC) medium dense, Brown	4'	3'	13'	10'
3. Poorly Graded Sand w/Silt & Gravel (SP-SM) Very Large Cobbles	4'	13'	20'	7'

8. WELL CONSTRUCTION
Depth Drilled 20' Feet Depth Cased 17'-20' Feet
HOLE DIAMETER (BIT SIZE)
From 2 Inches To 0 Feet 20' Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	PUL	Sch 40 well points	0-20	

Perforations:
Type perforation FACTORY PERF well point
Size perforation 610
From 20 feet to 18 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

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

9. WATER LEVEL
Static water level 2 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality Good

Date started 3-6-00
Date completed 3-6-00

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	65	0	20 MIN

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name FOOT HILL ENG & DEWATERING Contractor
Address 905 E. THIRD ST COCONA, CA 91719 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0035906
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M 2119
Signed [Signature] By driller performing actual drilling on site or contractor
Date 3-6-00

