

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

OFFICE USE ONLY  
 Log No. **80743**  
 Permit No. **212**  
 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. **21947**

1. OWNER **Dan Hyde Public works** ADDRESS AT WELL LOCATION **500 N. Casino Center Blvd Las Vegas NV.**  
 MAILING ADDRESS **2950 Romanus dr. Las Vegas NV 89128**

2. LOCATION **SW 1/4 SE 1/4 Sec. 27 T 20 N/S R 61 E** **Clark** County  
 PERMIT NO. **139-27-903-002** 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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Cement		0	6"	6"
Brown silty sand		6"	6.5	6"
Gray silty sand		6.5	11.5	5
Gray clay silt caliche		15	17	2'
Gray clay caliche	18'	17	19	2'
Gray clay		19	20	1
Gray clay		20	25	5

8. WELL CONSTRUCTION  
 Depth Drilled **25** Feet Depth Cased **25** Feet

HOLE DIAMETER (BIT SIZE)  
 From **8"** To **25** Feet  
 Inches **0'** Feet **25** Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2"</b>		<b>sch 40</b>	<b>0'</b>	<b>5'</b>

Perforations:  
 Type perforation **Factory slot**  
 Size perforation **.020**  
 From **5** feet to **25'** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **3**  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
 From **3** feet to **25** feet

Date started **8-14-00**, 19\_\_\_\_\_  
 Date completed **8-14-00**, 19\_\_\_\_\_

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)

9. WATER LEVEL  
 Static water level \_\_\_\_\_ 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 **Compliance drilling** Contractor  
 Address **3915 W. Hacienda Las Vegas NV. 89118** Contractor  
 Nevada contractor's license number issued by the State Contractor's Board **0048704**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1869**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **8-21-00**