

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. **80745**
Permit No. **212**
Basin **212**

NOTICE OF INTENT NO. **21948**

1. OWNER **Dave Oka** City of Las Vegas ADDRESS OF WELL LOCATION **300 Ft 50 of Vegas dr**
MAILING ADDRESS **400 LV Blvd** **E. side of Decatur**

Las Vegas NV. **89101**

N/S R **60 E** Clark County

2. LOCATION NW **1/4** NW **1/4** Sec **30** T **20**
PERMIT NO. **139-30-101-00-1** Parcel No.

Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. Domestic Municipal/Industrial

PROPOSED USE
 Irrigation Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG **MW-10**

Material	Water Strata	From	To	Thickness
Asphalt		0	3"	3"
sandy clay w/gravel		3"	9.0'	8.9'
Caliche		18'	9.0'	2'
Lean clay sand		11.0'	25'	14'

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

HOLE DIAMETER (BIT SIZE)
8" From 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)
2"		3/16	40	10'

Perforations:
Type perforation **Factory slot**
Size perforation **10** feet to **25** feet
From **10** feet to **25** feet
From **10** feet to **25** feet
From **10** feet to **25** feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal **8**
Placement Method: Pumped Poured

Gravel Packed: Yes No
From **8** feet to **25** feet

9. WATER LEVEL
Static water level **25** feet below land surface
Artesian flow **0** G.P.M. P.S.I.
Water temperature **0** °F Quality **0**

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**

Address **3915 W. Hacienda**

Las Vegas NV **89118**

Nevada contractor's license number **0048704**

Nevada driller's license number issued by the **M-1869**

Signed **By driller performing actual drilling on site or contractor**

Date

7. WELL TEST DATA
Date started **8-16-00** 19
Date completed **8-16-00** 19

TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) Time (Hours)

TEST METHOD	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailor		
<input type="checkbox"/> Pump		
<input type="checkbox"/> Air Lift		