

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. **80746**
Permit No. **212**
Basin.

NOTICE OF INTENT NO. **21948**

1. OWNER **Dave Oka** City of Las Vegas
MAILING ADDRESS **400 LV Blvd**
Las Vegas NV 89101

ADDRESS AT WELL LOCATION **302 Ft 50th**
Vegas dr E side Deeter

2. LOCATION **NW 1/4 Sec 30 T 26 N/S R 60 E** **Clark** County

PERMIT NO. **137-30-101-004** Parcel No. **137-30-101-004** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
4. Domestic Municipal/Industrial Irrigation Test Monitor Stock Cable Rotary RVC Air Other **Aggr**

6. LITHOLOGIC LOG **MW-11**

Material	Water Strata	From	To	Thick-ness
Asphalt		0'	3'	3'
Sandy clay w/gravel		3"	4.5'	4.2"
Lean clay w/gravel		4.5'	7.0'	2.5'
Caliche		7.0'	10'	3'
Lean clay w/sand		18'	15'	5'
Caliche		15'	18'	3'
Lean clay w/sand		18'	25'	7'

8. WELL CONSTRUCTION

Depth Drilled	WELL DIAMETER (BIT SIZE)	Depth Cased
25	8" From 0 To 25	25

HOLE DIAMETER (BIT SIZE)

Inches	From	To
8"	0	25

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		5/8 40	0	10'

Performations:
Type perforation **Factory slot**
Size perforation **.020**
From **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 **4** feet to **25** feet

9. WATER LEVEL
Static water level **25** feet below land surface
Artesian flow **0** G.P.M. **P.S.T.**
Water temperature **9** °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 **W. Hacienda**
Address **3915 W. Hacienda**
Las Vegas NV 89118
Nevada contractor's license number **0048704**
Nevada driller's license number issued by the **M-1869**
Division of Water Resources, the on-site driller

7. WELL TEST DATA
TEST METHOD: Bailer Pump Air Lift
Date started **8-16-00** Date completed **8-16-00**
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TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)