

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. 43846

1. OWNER CLARK CO. SANITATION DISTRICT ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5857 EAST FLAMMINGO RD. 5857 E. FLAMMINGO RD.
LAS VEGAS, NV. 89112 LAS VEGAS, NV. 89112
2. LOCATION NW 1/4 NW 1/4 Sec 23 22 T 21 N 62 E CLARK County
PERMIT NO. DW-1130 2816122101001 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
4. D/W PROPOSED USE DEWATERING
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>63 WELLS</u>				
<u>BRN. SANDY CLAY</u>		<u>0</u>	<u>12</u>	<u>12</u>
<u>CALICHE W/ SAND & GRAVEL LENSES</u>	<input checked="" type="checkbox"/>	<u>12</u>	<u>33</u>	<u>21</u>
<u>SOFT GRAY CLAY</u>		<u>33</u>	<u>38</u>	

8. WELL CONSTRUCTION
Depth Drilled 38 Feet Depth Cased 37 Feet
HOLE DIAMETER (BIT SIZE)
From 20 Inches To 38 Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>	<u>33</u>	<u>250</u>	<u>0</u>	<u>5</u>

Perforations:
Type perforation LOUVERED
Size perforation .040
From 5 feet to 37 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 4' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No CLAY
From 4 feet to 38 feet

9. WATER LEVEL
Static water level 5 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 KELLEY DEWATERING & CONST. CO. Contractor
Address 5175 CLAY AVE. Contractor
WYOMING, MICH. 49548
Nevada contractor's license number issued by the State Contractor's Board 50826-C23
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS-2149
Signed Just O. Ehor
By driller performing actual drilling on site or contractor
Date 5-2-01

Date started 2-16-01, 19____
Date completed 4-26-01, 19____

7. WELL TEST DATA

	TEST METHOD: <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	<u>100</u>	<u>23</u>	<u>1</u>