

OFFICE USE-ONLY
Log No. 84671
Permit No. _____
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. 21732

1. OWNER Las Vegas Paving ADDRESS AT WELL LOCATION 4150 Border Highway
MAILING ADDRESS 4420 S. Decatur Las Vegas NV
2. LOCATION SE 1/4 NW 1/4 Sec 7 T 21 N 62 E Clark County
PERMIT NO. DW-1138 Issued by Water Resources Parcel No. 161-07-296001 Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other Temp Diverting
4. PROPOSED USE 4.7 WATER Domestic Irrigation Test Monitor Stock Industrial Other Bucket
5. WELL TYPE Cable Rotary Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Station 45+00</u>				
<u>Sand</u>	<u>2</u>	<u>0</u>	<u>2</u>	
<u>Sand/Gravel MUD</u>		<u>2</u>	<u>10</u>	
<u>Gravel</u>		<u>10</u>	<u>20</u>	
<u>Clay/Gravel</u>		<u>20</u>	<u>25</u>	

8. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 24 Inches To 25 Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
Type perforation Slot
Size perforation .040
From 5 feet to 25 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal _____
Placement Method: Pumped Poured
Gravel Packed: Yes No From 0 feet to 25 feet

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Orlando Deaton Contractor
Address 536 E. Mainland Ontario Ca. Contractor
Nevada contractor's license number 0031246 issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS-2152
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 11-20-01

Date started 11-20
Date completed 11-20

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

