

OFFICE USE ONLY  
 Log No. 85623  
 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. 23047

1. OWNER SILVA ADDRESS AT WELL LOCATION PROPOSED CROSSING  
 MAILING ADDRESS 1900 E FLAMINGO ST. 170 OF LAS VEGAS WASH AND 170 A  
LAS VEGAS, NV 89121 PIPELINE  
 2. LOCATION NE 1/4 NE 1/4 Sec. 28 T. 21 N. R. 63 E. CLARK County  
 PERMIT NO. 160-2B-50-002  
 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SANDY GRAVEL</u>		<u>0</u>	<u>20</u>	<u>20</u>
<u>SANDY GRAVEL w/ CLAY</u>		<u>20</u>	<u>32</u>	<u>12</u>
<u>CLAY with</u>				
<u>SAND AND SILT</u>		<u>32</u>	<u>43</u>	<u>11</u>
<u>(MUDDY CREEK FM)</u>				

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 5 1/2 Inches To 43 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>		<u>0.308</u>	<u>0</u>	<u>37.9</u>

Perforations:  
 Type perforation FACTORY SLIT PVC  
 Size perforation 0.020  
 From 2.9 feet to 37.9 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  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 10 feet to 43 feet

9. WATER LEVEL  
 Static water level 1.95 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started \_\_\_\_\_, 19\_\_\_\_  
 Date completed \_\_\_\_\_, 19\_\_\_\_

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name ALLEN DRILLING Contractor  
 Address 4847 SOUTH VALLEY VIEW Contractor  
LAS VEGAS, NV 89103  
 Nevada contractor's license number issued by the State Contractor's Board 0018916/0018917  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1589  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_

