



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. 29724

1. OWNER City of LV Dept Public works ADDRESS AT WELL LOCATION 505 E. McWilliams Av. LV, NV
 MAILING ADDRESS 731 S. 4th St
Las Vegas, NV 89101
 2. LOCATION N.E. 1/4 SE 1/4 Sec. 27 T. 20 0'S R. 61 E Clark County
 PERMIT NO. 139-27-812-041
 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill sand/gravel		0	2'	
caliche		2'	3'	
Sand w/gravel		3'	22'	
clay w/sand	22	22	30'	

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 30
2" Inches Feet Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

(Inches)	Weight (Pounds)	Wall Thickness (Inches)	Run (Feet)	To (Feet)
2"	PVC	Sch 40	0	30

Perforations:
 Type perforation Factory slot
 Size perforation .020
 From 10 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 8' to surface Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 8' feet to 30' feet

9. WATER LEVEL
 Static water level 22' 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 Elite Drilling Inc.
 Address 4255 W. Post Rd.
Las Vegas, NV 89118
 Nevada contractor's license number issued by the State Contractor's Board 0054931
 Nevada driller's license number issued by the Division of Water Resources the on-site driller M-1869
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 2-1-07

Date started 1-19- 2007
 Date completed 1-19 2007

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			

DCNR/DWR
 RECEIVED
 FEB 07 2007
 LAS VEGAS OFFICE