

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. 34666

1. OWNER Las Vegas Valley Water Dist ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1001 Valley View Vegas & Calrose
Las Vegas, NV
 2. LOCATION NW 1/4 NE 1/4 Sec. 28 T. 20 N. R. 60 E. Clark County
 PERMIT NO. R012 Issued by Water Resources Parcel No. 138-28-501-012 Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Bail out				
well screen				
757-777				
UTME 655917.8125				
UTM N 4006185.25				
NAD83/WGS84				

8. WELL CONSTRUCTION
 Depth Drilled 787 Feet Depth Cased 782 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
48 Inches _____ Feet 70 Feet
30 Inches 70 Feet 300 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation Roscoe Moss Hyd
 Size perforation _____
 From 344 feet to 492 feet
 From _____ feet to _____ feet
 From 502 feet to 778 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 300 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 424 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 LUVWD Contractor
 Address 1001 Valley View Contractor
Las Vegas NV
 Nevada contractor's license number issued by the State Contractor's Board N/A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12/12/07

Date started 11/13/07, 20____
 Date completed 11/14/07, 20____

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
 DEC 13 2007

LAS VEGAS OFFICE