

MW 14

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 105477
Permit No.
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 34943

1. OWNER COUNTY OF CLARK ADDRESS AT WELL LOCATION 364 CONVENTION
MAILING ADDRESS 5005 GRAND CENTRAL CENTER DR LAS VEGAS NV
PRIVY LAS VEGAS NV 89155- Subdivision Name: County: CLARK

2. LOCATION SE 1/4 SE 1/4 Sec 9 T 21 N R 61 E Latitude 36° 08.012 UTM E NAD 27
PERMIT/WAIVER No. 162-09-702-016 Longitude 115° 09.330 N NAD 83/WGS 84
Parcel No.

3. WORKED PERFORMED New Well Replace Recondition
 Deepen Other
4. PROPOSED USE Domestic Irrigation Test Stock
 Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC
 Air Other 8" USAI

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT		0	3"	3"
SANDY GRAVEL		3"	2'	1.70'
CLAYED SAND		2'	4.6'	1.6'
CALICHE		4.6'	7'	2.4'
SANDY SILT		7'	13.8'	6.8'
CLAYED GRAVEL		13.8'	22.5'	9'
SAND CLAY		22.5'	31'	8.5'
CALICHE		31'	34'	3'

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
	From	To	
8"	Inches 0	Feet 34'	Feet
	Inches	Feet	Feet
	Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PVC	SCA 40	0	34'

Perforations:
Type of perforation SLOTTED SCREEN
Size of perforation 0.020
From 19' feet to 34' feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0' to 2' Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 19' to 34' Pumped Poured
Type: 12 SILVER SAND
Bentonite Chips: Yes No 2' to 19' Pumped Poured
Type: 3/8 1+01E Plug BAROLD

Date started: 5-7 :20 08
Date completed: 5-7 :20 08

7. Water Level
Static water level: 21.68 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Below Static)	Time (Hours)
DCNR/DWR RECEIVED			
MAY 19 2008			
LAS VEGAS OFFICE			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Timothy Thompson Contractor
Address 750 PLOT ROAD SUITE Contractor
LAS VEGAS NV 89119
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2097
Signed [Signature]
By driller performing actual drilling on site or contractor
Date _____