

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

OFFICE USE ONLY
Log No. 107252
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. 34040

1. OWNER Housing Authority ADDRESS AT WELL LOCATION 50 N Honolulu St
MAILING ADDRESS P.O. Box 1897 Las Vegas NV 89110
205-DEB Subdivision Name: MW-5 County: Clark

2. LOCATION SW 1/4 SW 1/4 Sec 31 T 20N N/S R 62 E Latitude 36° 09.543 UTM E NAD 27
PERMIT/WAIVER No. 140-31-402-001 Longitude 115° 05.607 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
sand&large gravel		0	2.5	3
brn si clay		2.5	6	4
tan silt	w/I/15	6	14	8
brown si clay		14	26	12

9. WELL CONSTRUCTION

Depth Drilled	26	Feet	Depth Cased	25	Feet
HOLE DIAMETER (BIT SIZE)					
From		To			
8	Inches	0	Feet	25	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
2.375	3.65	.154	0	25	
Perforations:					
Type of perforation	factory slotted				
Size of perforation	0.02				
From	10	feet to	25	feet	
From		feet to		feet	
From		feet to		feet	
From		feet to		feet	
From		feet to		feet	
Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Neat Cement	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured		
Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8	to	25	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type:	10/20 Silica sand				
Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	to	8	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type:	3/8 Chips				

Date started: 7-Oct, 20 08
Date completed: 7-Oct, 20 08

7. Water Level
Static water level: 15 feet below land surface
Artesian Flow: n/a G.P.M. n/a P.S.I.
Water Temperature: n/a °F
Quality: good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
bailer	.5	0	1

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name WDC Exploration & Wells
Contractor
Address 570 Corinthian way
Contractor
N Las Vegas NV 89030
Nevada contractor's license number 0012852
issued by the State Contractor's Board
Nevada driller's license number issued by the M-2371
Division of Water Resources, the on-site driller
Signed _____
By driller performing actual drilling on site or contractor
Date _____

(Rev. 05-08)
DCNR/DWR RECEIVED
DEC 05 2008
LAS VEGAS OFFICE

USE ADDITIONAL SHEETS IF NECESSARY