

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

OFFICE USE ONLY
Log No. 111326
Permit No. 53920
Basin 212

NAD-27 GPS
36.223284°N 115.260095°W

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. 34691

1. OWNER Las Vegas Valley Water District ADDRESS AT WELL LOCATION 3465 N. Buffalo
MAILING ADDRESS 1001 S. Valley View Blvd. Las Vegas NV. Clark
Las Vegas NV. 89153 Subdivision Name: County:

2. LOCATION NE 1/4 SE 1/4 Sec 9 T 20 N R 60 E Latitude 36°30'23.125" N NAD 27
PERMIT/WAIVER No. 53920 13809701018 Longitude 112°11'27.75" W 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 Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Wire line brush well from 510' to 1020'				
Swabbed well from 510' to 1020'				
Bailed out bottom of well from 1512' to 1543' bottom				
Bottom of well was cemented in Bar 9-8-98 log # 68630 from bottom 1599' to 1543'				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet	
HOLE DIAMETER (BIT SIZE)				
From	Inches	To	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
20		3/8	0	1595'

Perforations:
Type of perforation Hydraulic Perforator
Size of perforation
From 510' feet to 660 feet
From 760' feet to 810 feet
From 855' feet to 1595' feet
From 855' feet to 1595' feet

Annular Seal: Yes No
 Neat Cement to Pumped Poured
 Cement Grout to Pumped Poured
 Concrete Grout to Pumped Poured
 ≥30% Bentonite Grout to Pumped Poured

Gravel Pack: Yes No 0 to 1595' Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level
Static water level: 263' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M. _____ P.S.I. _____ Time (Hours) _____

DCNR/DWR RECEIVED
APR 08 2010
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 _____ Contractor
Address _____ Contractor
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 2324
Signed Marty Garrison
By driller performing actual drilling on-site or contractor
Date 4-8-2010