WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 31544
Permit No.
Basin 13-213

NOTICE OF INTENT NO. 2929

PRINT OR TYPE ONLY

1. OWNER Clark County Dept. of Public Work
MAILING ADDRESS 5857 E. Flamingo Rd.
Las Vegas NV
ADDRESS AT WELL LOCATION

2. LOCATION SE ¼ SE ¼ Sec. 1 T. 32 N/S R. 66 E/W Clark County
PERMIT NO. MU-2006 (Issued by Water Resources) Parcel No. Subdivision Name

3. TYPE OF WORK
New Well ☐ Recondition ☐
Deepen ☐ Other ☒

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☐
Other ☒

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fine Sand		0	25'	
Clay		25'	38	
Gravel		38'	45'	
Sand Clayed		45'	61'	
Abandoned Hole				
Sealed from	99 ft.	up to		
Top of Ground	with Neat			
Cement Slurry.				

RECEIVED
NOV 23 1992
Div. of Water Resources
Branch Office Las Vegas, NV
STATE ENGINEER'S OFFICE

Date started 4-13, 1989
Date completed 4-26, 1989

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours

8. WELL CONSTRUCTION
Diameter ____ inches Total depth ____ feet
____ inches
____ inches
Casing record None
Weight per foot ____ Thickness ____

Diameter	From	To
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☐ Type ____
Depth of seal ____ feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ____ feet to ____ feet

Perforations:
Type perforation ____
Size perforation ____
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
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 ____ Contractor
Address ____ Contractor
Nevada contractor's license number issued by the State Contractor's Board CC19101
Nevada contractor's driller's number issued by the Division of Water Resources ____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1296
Signed [signature] By driller performing actual drilling on site or contractor
Date 4-13-89

(Rev. 11-85) USE ADDITIONAL SHEETS IF NECESSARY (01-627)