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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. **8240**

1. OWNER CITY OF LAS VEGAS ADDRESS AT WELL LOCATION WEST SIDE SEWER INTERCEPTOR RANCHO DR, 1000' NORTH OF DECATUR  
 MAILING ADDRESS NO 61 E CLARK County CLARK  
 2. LOCATION SW 1/4 NW 1/4 Sec 18 T 20  
 PERMIT NO. MO 2078 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	2	2
CALICHE		2	6	4
CLAY		6	22	16
CALICHE		22	26	4
TEMPORARY PIEZOMETER ABANDONED 7-22-91				
<b>RECEIVED</b> FEB 11 1992				
Div. of Water Resources Branch Office - Las Vegas, NV				

8. WELL CONSTRUCTION  
 Depth Drilled 26 Feet Depth Cased 26 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 Inches To 0 Feet 26 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>26</u>

Perforations:  
 Type perforation FACTORY SLOTTED  
 Size perforation 0.010"  
 From 21 feet to 26 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

9. WATER LEVEL  
 Static water level 20.0 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started JULY 18, 1991  
 Date completed JULY 18, 1991

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name DON WILSON Contractor  
 Address 4670 S. POLARIS AV. LAS VEGAS, NV 89103  
 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 M1589  
 Signed Don Wilson  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_