

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

OFFICE USE ONLY  
 Log No. **40955**  
 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. **23651**

1. OWNER **LAVIEGAS PAVING** ADDRESS AT WELL LOCATION **SOUTH ON LAMB PASS RUSSEL**  
 MAILING ADDRESS **3901 5TH ST, NV**

2. LOCATION  $\frac{1}{4}$  Sec. **29** T. **21** N. S. R. **62 E** CLARK County  
 PERMIT NO. **DW 1010** 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 **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>Rono bed</b>		<b>0</b>	<b>2</b>	<b>2</b>
<b>Sandy Clay</b>		<b>2</b>	<b>13</b>	<b>11</b>
<b>Sandy Red Clay</b>		<b>13</b>	<b>27</b>	<b>14</b>
<b>HARD Red Klex</b>		<b>27</b>	<b>28</b>	<b>1</b>
<b>White Clay</b>		<b>28</b>	<b>40</b>	<b>12</b>

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet

HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **40** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>12</b>			<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **Saw cut**  
 Size perforation **0.40**  
 From **20** feet to **40** 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 **0** feet to **40** feet

9. WATER LEVEL  
 Static water level **12** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **4-8**, 19**93**  
 Date completed **4-8**, 19**93**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  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 **1-001 Hills Eng.** Contractor  
 Address **905 E 3rd ST** Contractor  
**Corona Cal.**

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 **1567**  
 Signed **Chuck W. Sewell**  
 By driller performing actual drilling on site or contractor  
 Date **4-8**