

WELL DRILLER'S REPORT

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. **9964**

1. OWNER **Las Vegas Valley Water Dist**
MAILING ADDRESS **3700 W Charleston Blvd**
Las Vegas Nevada

ADDRESS AT WELL LOCATION

2. LOCATION **SW 1/4 Sec 2 T. 20S N/S R 60 E Clark** County

PERMIT NO. **W-2385** Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>Brown Sand Clay Partings</i>		0	120	210
<i>Cemented Gravels</i>		221	283	62
<i>Red Clay Sands, Gravel</i>		284	342	57
<i>Sandstone</i>		343	350	8
<i>Red Sandy Clay Gravels</i>		351	409	57
<i>Hard Cemented Gravels</i>		410	508	99
<i>Red Sandy Clay</i>		509	615	107
<i>Cemented Gravels</i>		616	648	33
<i>Very hard Cemented Gravels</i>		649	800	152

8. WELL CONSTRUCTION
 Depth Drilled **800** Feet Depth Cased **780** Feet
 HOLE DIAMETER (BIT SIZE)
 16 Inches From To
 10 3/4 Inches 52 Feet 800 Feet
 Inches Feet Feet
 CASING SCHEDULE
 Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
 12 3/4 33.4 .250 0 52'
 6 3/8 17.02 .250 0 780'

Perforations:
 Type perforation **NONE (Subsidence test well)**
 Size perforation **with 4 1/2" tools**
 From **240** feet to **250** feet
 From **410** feet to **420** feet
 From **540** feet to **550** feet
 From **590** feet to **600** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete GROUT
 Depth of Seal **52'**
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **N/A** feet below land surface
 Artesian 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.

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M. (Feet Below Static) Time (Hours)

Name _____ Contractor _____
 Address _____ Contractor _____

Date started **3/14** 19 **94**
 Date completed **4/13** 19 **94**
 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 **FP 1922**
 Signed **[Signature]** Driller performing actual drilling on site or contractor
 Date **4-15-94**