

23 WELLS

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

STATE OF NEVADA  
DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
Log No. 76148  
Permit No. \_\_\_\_\_  
Basin. 212

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

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. 5276

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION TROP EAST  
 MAILING ADDRESS 5857 E. Flamingo  
LV NV 89122

2. LOCATION NW 1/4 NW 1/4 Sec. 27 T. 21 N. R. 62 E. CLARK County  
 PERMIT NO. DW 1094 161-27-199-001 Subdivision Name TROP EAST  
Issued by Water Resources Parcel No.

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other DWTR

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPLACT TYPE 2		0	24	2
DRY SILTY CLAY		2	8	6
WET SILTY CLAY		8	16	8
NO MORE WELLS DRILL PAST THIS POINT.				

8. WELL CONSTRUCTION  
 Depth Drilled 16 Feet Depth Cased Well Point Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
12 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation SAND SCREEN  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 0 feet to 16 feet

9. WATER LEVEL  
 Static water level 8 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 11-13 19 98  
 Date completed 1-25 19 99

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 \_\_\_\_\_ 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 4661

Signed Donal W. [Signature]  
 By driller performing actual drilling on site or contractor

Date 2-9-99

