

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY  
Log No. 76419  
Permit No. 212  
Basin CLARK

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 17123

1. OWNER CLARK COUNTY - GENERAL SERVICES

ADDRESS AT WELL LOCATION 285 S. MARTIN LUTHER KING BLVD

MAILING ADDRESS 500 S GRAND CENTRAL PKWY LAS VEGAS NV 89155-1733

2. LOCATION NW 1/4 NE 1/4 Sec. 33 T. 20 N. 139-33-501-0091

CLARK County

PERMIT NO. 139-33-501-0091

Subdivision Name

MM-5

3. WORK PERFORMED

- New Well  
 Replace  
 Abandon  
 Deepen

- Condition  
 Other  
 Domestic  
 Municipal/Industrial

4. PROPOSED USE

- Irrigation  
 Monitor  
 Stock

5. WELL TYPE

- Cable  
 Rotary  
 RVC  
 Air  
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ABANDON</u>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet	Feet

CASING SCHEDULE

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

Perforations:

Type perforation	Size perforation	From	feet to	feet

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

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M.  
 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: SPECTRUM EXPLORATIONS INC  
 Contractor

Address: 16662 GEMINI LANE  
 Contractor

HUNTINGTON BEACH CA 92674  
 Nevada contractor's license number 31699  
 issued by the State Contractor's Board

Nevada driller's license number issued by the  
 Division of Water Resources, the on-site driller: M2059

Signed SL Gneiff  
 By driller performing actual drilling on site or contractor

Date: Aug 12-99

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.			
(Feet Below Static)			

Date started July 20 19 99  
 Date completed July 20 19 99