

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. 5279

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5857 E FLAMINGO _____
LV NV 89102 _____
2. LOCATION NE 1/4 NW 1/4 Sec. 27 T. 21 N. R. 6E E CLARK County _____
PERMIT NO. DW 1094 161-27-199-001 TROP EAST Subdivision Name _____
Issued by Water Resources Parcel No. _____

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

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 |
|-------------------------|--------------|------|----|------------|
| <u>Clean Hole out</u> | | | | |
| <u>As per Appendix</u> | | | | |
| <u>Fill w/5 sack</u> | | | | |
| <u>CEMENT GROUT</u> | | | | |
| <u>to BOTTOM of</u> | | | | |
| <u>TYPE 2</u> | | | | |
| <u>51 ABANDON</u> | | | | |
| <u>11 EXCAVATED OUT</u> | | | | |
| <u>62 total</u> | | | | |

8. WELL CONSTRUCTION
Depth Drilled 20 Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From 12 Inches To _____ 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 _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ 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 11-10, 1992
Date completed 1-25, 1999

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 1661
Signed Donald Wall
By driller performing actual drilling on site or contractor
Date 2-9-99