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**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. 5277

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 5857 E FLAMINGO \_\_\_\_\_  
LUNY 89102 \_\_\_\_\_  
 2. LOCATION N<sup>2</sup> 1/4 NE 1/4 Sec. 27 T. 21 S. N/S R. 6 E County CLARK  
 PERMIT NO. DW 1094 161-27-599-002401 TROPICANA EAST Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Domestic  Irrigation  Test  
 Deepen  Abandon  Other \_\_\_\_\_  Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLEAN HOLES OUT TO 14 FT AS PER AGREEMENT				
FILL WITH 5 SACK CEMENT GROUT TO BOTTOM OF TYPE 2				
39 ABANDONED				
16 EXCAVATED 55 total AS PER MAP				

8. WELL CONSTRUCTION  
 Depth Drilled 20 Feet Depth Cased \_\_\_\_\_ 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 \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Date started 9-25 1998  
 Date completed 9-27 1998

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

9. WATER LEVEL  
 Static water level 8 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.  
 Name Thomas SouthWest Paving 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 David Kall  
 By driller performing actual drilling on site or contractor  
 Date 10-31-98

