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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 N2 1/4 NE 1/4 Sec. 27 T. 27 S. N/S R. 62 E CLARK County  
 PERMIT NO. DU 1094 161-27-599-0024001 TROPICANA EAST Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 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 HOLES</u>				
<u>OUT TO 14 FT AS</u>				
<u>PER AGREEMENT</u>				
<u>FILL WITH 5 SACK</u>				
<u>CEMENT GROUT TO</u>				
<u>BOTTOM OF TYPE 2</u>				
<u>39 ABANDONED</u>				
<u>16 EXCAVATED</u>				
<u>55 total</u>				
<u>AS PER MAP</u>				

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  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 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 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)	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name 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 Donald K. Wall  
 By driller performing actual drilling on site or contractor  
 Date 10-31-98