

OFFICE USE ONLY
Log No. 7953
Permit No. DW 1112
Basin 212
41239

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. 41239

1. OWNER CAS VELAS PAVING ADDRESS AT WELL LOCATION END OF E. SUNSET RD # CAS VELAS WASH
MAILING ADDRESS 4440 S. DECATUR
CAS VELAS, NV 89103

2. LOCATION SW 1/4 S 1/2 Sec. 30 T. 21 N/S R. 65 E CLARK County
PERMIT NO. DW 1112 Issued by Water Resources Parcel No. 160-30-003 Subdivision Name

3. 171-278 WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other well points

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other well points

6. ~~171-278~~ LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
1. Silty sand w/ gravel (SM) dense light brown, slightly moist	4'	0	12	12'
2. Lean clay (CL) porous, stiff, brown	4	12	16	6'
3. Sandy lean clay (CL) very stiff, grey-wet	4'	18	19	1'
4. Cemented sand & gravel - HAPL grey	4'	19	21	2'

8. WELL CONSTRUCTION
Depth Drilled 20' Feet Depth Cased 17'-20' Feet

HOLE DIAMETER (BIT SIZE)
From 2 Inches To 20 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PLX	SE 40 well point	0	20'

Perforations:
Type perforation Factory pref well points
Size perforation .070

From 20 feet to 18 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
Depth of Seal _____ Cement Grout
Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 4' feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality Good

Date started 3-10, 1900
Date completed 3-10, 1900

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>TRASH Pump Appx 50</u>	<u>0</u>	<u>20' min</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Foot Hill Surg & Drilling Contractor
Address 905 E. Third St. COCONA, CA 91719 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0035906
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2119
Signed Sam J. Dubs
By driller performing actual drilling on site or contractor
Date 3-10-00