

OFFICE USE ONLY  
Log No. 79627  
Permit No. DW 1112  
Basin 212

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. 41739

1. OWNER CAS VEGAS PAVING ADDRESS AT WELL LOCATION END OFF, SUNSET RD # LAS VEGAS WASH  
MAILING ADDRESS 4420 S. DECATUR  
CAS VEGAS, NV 89103

2. LOCATION SW 1/4 S 1/2 Sec. 30 T 21 N/S R 65 E CLARK County  
PERMIT NO. DW 9112 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. 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"	6'
3. Slightly lean clay (CL) very stiff, grey-wet	4'	18'	19' 1"	1'
4. Cemented sand & gravel - H&A grey	4'	19'	21'	2'

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

HOLE DIAMETER (BIT SIZE)  
From 2 Inches 0 Feet 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"	PIX	Sched well point	0	20'

Perforations:  
Type perforation Factory perf well points  
Size perforation .070  
From 20' feet to 18' feet  
From feet to feet  
From feet to feet  
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 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<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 Foothill Surg & Dehydrating 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 Jim J. Smith  
By driller performing actual drilling on site or contractor  
Date 3-10-00