

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 84305
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 21239

1. OWNER U.S.A.F. ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 4349 Duffer Drive Nellis AFB
Suite 1601 Nellis AFB 89191-7007
2. LOCATION NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 3 T 20 N/S R 62 E Clark County
PERMIT NO. _____ Parcel No. 140-03-101-001 Subdivision Name _____
Issued by Water Resources _____

3. WORK PERFORMED 6 wells
 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Drilled over 2" PVC, pulled PVC and plugged with grout</u>				
<u>Cement with 1/2" pipe</u>				
<u>Run to bottom of well and pressure Grout with Grout pump</u>				
<u>Total Number done</u>				
<u>6 wells complete</u>				

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
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:
Depth of Seal _____ Neat Cement
 Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

Date started 3-19 _____
Date completed 3-23 _____

7. WELL TEST DATA

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

9. WATER LEVEL
Static water level _____ 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 Layne Christensen Co.
Address 12030 E Riggs Rd. Chandler AZ 85249
Nevada contractor's license number issued by the State Contractor's Board 0019101
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2021
Signed Michael D. Wells
By driller performing actual drilling on site or contractor
Date 3-24-2001