WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 36711
Permit No.
Basin 212

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 6025

1. OWNER MAGIC WAND TRUCK STOP
MAILING ADDRESS 1100 E. COLTON AVE.
NORTH LAS VEGAS, NV. 89030

ADDRESS AT WELL LOCATION

2. LOCATION NW ¼ SE ¼ Sec. 11 T 20 N R 61 E CLARK County

PERMIT NO. (Issued by Water Resources) Parcel No. Subdivision Name

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Monitoring Test ☒
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
FILL		0'	5'	5'
SILTY SAND		5'	31'	26'
CALICHE		31'	32'	1'
SILTY SAND		32'	65'	33'

RECEIVED
DEC 05 1990
Div. of Water Resources
Branch Office - Las Vegas, NV

Date started JULY 3, 19 90
Date completed JULY 3, 19 90

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter 2" inches Total depth 60 feet
..... inches
..... inches
Casing record BLANK 0-40, SCREEN 40-60
Weight per foot ..... Thickness .....

Diameter	From	To
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet
..... inches	..... feet	..... feet

Surface seal: Yes ☒ No ☐ Type NEAT CEMENT
Depth of seal 0-30 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 30 feet to 65 feet

Perforations:
Type perforation .....
Size perforation .....
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... feet below land surface
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 DON WILSON (Contractor)
Address 4670 POLARIS LV. NV 89103 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board M 1589
Nevada contractor's driller's number issued by the Division of Water Resources .....
Nevada driller's license number issued by the Division of Water Resources, the on-site driller .....
Signed ..... (By driller performing actual drilling on site or contractor)
Date .....

(Rev. 11-85) USE ADDITIONAL SHEETS IF NECESSARY (O)-627