

WELL DRILLER'S REPORT

Please complete this form in its entirety

Log No. **36714**
Permit **212**
Basin **212**

NOTICE OF INTENT NO. **6028**

PRINT OR TYPE ONLY

1. OWNER **MAGIC WAND**

MAILING ADDRESS **1100 E COLTON AV**

NORTH LAS VEGAS NV 89030

ADDRESS AT WELL LOCATION

2. LOCATION **NW 1/4 SE 1/4 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 <input checked="" type="checkbox"/> | Recondition <input type="checkbox"/> | Domestic <input type="checkbox"/> | 4. Municipal <input type="checkbox"/> | PROPOSED USE | 5. TYPE WELL |
| Deepen <input type="checkbox"/> | Other <input type="checkbox"/> | Municipal <input type="checkbox"/> | | Irrigation <input type="checkbox"/> | Cable <input type="checkbox"/> |
| | | | | Industrial <input type="checkbox"/> | Rotary <input checked="" type="checkbox"/> |
| | | | | Stock <input type="checkbox"/> | Other <input type="checkbox"/> |

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
FILL		0'	5'	5'
SILTY CLAY		5'	22'	17'
GALICHE		22'	25'	3'
SILTY SAND		25'	43'	18'
GALICHE		43'	45'	2'
SILTY CLAY		45'	65'	20'

8. WELL CONSTRUCTION

Diameter: **2** inches Total depth **60** feet

Casing record **BLANK 0-40', SCREEN 40-60'**

Weight per foot _____ Thickness _____

Perforations:

Type perforation _____

Size perforation _____

From _____ feet to _____ feet

Surface seal: Yes No Type **NEAT GEMENT**

Depth of seal **22'** feet

Gravel packed: Yes No

Gravel packed from **22'** feet to **65'** feet

RECEIVED
DEC 06 1970

Div. of Water Resources
Branch Office - Las Vegas, NV

Date started **JULY 11** 19**70**

Date completed **JULY 11** 19**70**

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