

OFFICE USE ONLY
Log No. **96715**
Permit No. **212**
Basin **212**

PRINT OR TYPE ONLY

WELL DRILLER'S REPORT
Please complete this form in its entirety

NOTICE OF INTENT NO. **6029**

1. OWNER **MAGIC WLAND**

ADDRESS AT WELL LOCATION

MAILING ADDRESS **100 E. CALTON AV
N. LAS VEGAS, NV 89030**

2. LOCATION **NE 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 Recondition Deepen Other

4. Domestic Municipal Industrial Stock Other

5. TYPE WELL
Cable Rotary

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
FILL		0'	5'	5'
SILTY SAND		5'	27'	22'
PALETTE		27'	28'	1'
SILTY CLAY		28'	42'	14'
PALETTE		42'	44'	2'
SILTY SAND		44'	65'	21'

8. WELL CONSTRUCTION

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

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

Weight per foot _____ Thickness _____

Diameter _____ From _____ To _____

_____ inches _____ feet _____ feet

Surface seal: Yes No Type **HEAT CEMENT** _____ feet

Depth of seal **24'**

Gravel packed: Yes No

Gravel packed from **24** feet to **65** feet

Perforations:

Type perforation _____

Size perforation _____

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 PARKERS AVE. NV 89103** Contractor

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