

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. **02320**

MARIE MAND TRUCK STOP

ADDRESS AT WELL LOCATION (~~ENTER ADDRESS~~)

1. OWNER **MR. BILL KUHN - TRUCK STOP**

MARIE MAND TRUCK STOP PARKING LOT APPROX. NORTH LAS VEGAS, NEVADA 89130 240' SOUTH OF INT. OF BRADY & WAGNER

MAILING ADDRESS: **1100 E. COLTON AVE.**

2. LOCATION **NW 1/4 SE 1/4 Sec. 11 T 20 N R 61 E CLARK** County

PERMIT NO. **MO-2077**

Parcel No.

Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other: **MUD**

LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
3" ASPHALTIC CONCRETE		0"	3"	3"
SILTY SAND W/ GRAVEL		3"	6'	4.9'
SANDY CLAY W/ GRAVEL		6'	10'	4'
SILT CLAY		10'	20'	10'
CLAY SAND		20'	22'	2'
SILT SAND W/ GRAVEL		22'	24'	2'
SANDY CLAY		24'	68'	44'
CLAYE 1		68'	70'	2'
CLAY SAND W/ GRAVEL		70'	74.5'	4.5'

RECEIVED
MAR 16 1992
Div. of Water Resources
Branch Office - Las Vegas, NV

8. WELL CONSTRUCTION

Depth Drilled	WELL DIAMETER (BIT SIZE)	Depth Cased
75	10	75

HOLE DIAMETER (BIT SIZE)

From	To
0	75

Inches

From	To
0	75

Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	216/44	.40	0	30

Performations: Type perforation **Fracture Stopped**
Size perforation **10.20**
From **30** feet to **75** feet
From **75** feet to **75** feet
From **75** feet to **75** feet
From **75** feet to **75** feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal **25 feet** Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From **26.5** feet to **75** feet

9. WATER LEVEL
Static water level **71.2** 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 **Richard de Blanc** Contractor
Address **4670 S. TORARIS AVE**

Address **4670 S. TORARIS AVE** Contractor
LAS VEGAS NV
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1817**

Signed _____
By driller performing actual drilling on site or contractor
Date **3.16.92**

7. WELL TEST DATA
Date started **2-27** 19**92**
Date completed **2-27** 19**92**

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