

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. **8553**

PRINT OR TYPE ONLY

ADDRESS AT WELL LOCATION

1. OWNER **MAGIC WAND TRUCK STOP**
MAILING ADDRESS **1100 E. COTTON AVE.**
NEATH LAS VEGAS, NV 89030

2. LOCATION **NW 1/4 SE 1/4 Sec 11 T 30 R 61 E** **CLARKS** County
PERMIT NO. **MO-2038** Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition Other
 Deepen Other
 4. Domestic Municipal
 PROPOSED USE
 Irrigation Industrial Stock
 5. TYPE WELL
 Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>Fill</i>		0'	5'	5'
<i>SILT SAND, CLAY SET</i>		5'	20.5'	15.5'
<i>CLAYHE</i>			24'	3.5'
<i>CLAY w/ SILT</i>			24'	60'
				36'

8. WELL CONSTRUCTION
 Diameter: **2** inches Total depth: **60** feet
 Casing record: **BEAMIC 0-40', SCREEN 40-60'**
 Weight per foot: Thickness:
 Diameter From To
 inches inches feet feet
 Surface seal: Yes No Type **NEAT CEMENT**
 Depth of seal: **36** feet
 Gravel packed: Yes No
 Gravel packed from: **36** feet to **60** feet

Perforations:
 Type perforation _____
 Size perforation _____
 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 _____

7. WELL TEST DATA
 Date started **OCTOBER 4** 19 **90**
 Date completed **OCTOBER 4** 19 **90**

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Dan Wilson** Contractor
 Address **41670 PECARIS AVE. LV NV 89103** Contractor
 Nevada contractor's license number **M1589**
 issued by the State Contractor's Board
 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 **Dan Wilson**
 By driller performing actual drilling on site or contractor

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