

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. **8555**

ADDRESS AT WELL LOCATION.....

1. OWNER **MAGIC MOUND TRUCK STOP**
MAILING ADDRESS **1100 E. CARMAN AVE.**
MEATH LAS VEGAS, NV. 89030

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

PERMIT NO. **MO-2038**

Issued by Water Resources

Parcel No.

Subdivision Name

3. TYPE OF WORK

New Well Recondition
Deepen Other

4. Domestic
Municipal

PROPOSED USE
Irrigation
Industrial

5. TYPE WELL
Mortgage Test
Stock
Cable Rotary
Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0'	5'	5'
SAND SILT + GRAYS		5'	19'	14'
CAICHE		19'	23'	4'
CAICHER SILT		23'	35'	12'
CAICHE		35'	35.5'	.5'
SILT GRAYS		35.5'	60'	60'

8. WELL CONSTRUCTION

Diameter..... **21"** inches Total depth..... **60'** feet

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.....

Surface seal: Yes No Type **MENT CEMENT**

Depth of seal..... **34** feet

Gravel packed: Yes No

Gravel packed from..... **34** feet to..... **60** 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 LOCARIS CV 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..... **Don Wilson**

By driller performing actual drilling on site or contractor

Date.....

7. WELL TEST DATA

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

Date started..... **OCTOBER 5** 19 **90**

Date completed..... **OCTOBER 5** 19 **90**

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