

Log No. **309722**
Permit **212**
Basin **212**

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. **8556**

PRINT OR TYPE ONLY

ADDRESS AT WELL LOCATION

1. OWNER **MAGIC WAND TRUCK STOP**
MAILING ADDRESS **1100 E. CANTON AVE.**
North Las Vegas, NV. 89030

County

2. LOCATION **NW 1/4 SE 1/4 Sec 11 T. 20 N. R. 61 E**
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 Other
5. TYPE WELL
Cable Rotary

6. LITHOLOGIC LOG

8. WELL CONSTRUCTION

Material	Water Strata	From	To	Thick-ness
SANDY SILT w/ CLAY		0'	13.5'	13.5'
CLAYE		13.5'	15'	1.5'
SANDY SILT		15'	30'	15'
CLAYE		30'	32.5'	2.5'
CLAYE SILT		32.5'	60'	27.5'

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

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

Weight per foot _____ Thickness _____

Diameter _____ From _____ To _____

_____ inches _____ feet
_____ inches _____ 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 _____

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 PERALS CV NV 89103**

Nevada contractor's license number _____
issued by the State Contractor's Board **M1589**

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 _____

Date started **10/5** 19**90**
Date completed **10/5** 19**90**

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