

WELL DRILLER'S REPORT

Please complete this form in its entirety

W 300

NOTICE OF INTENT NO. **8560**

PRINT OR TYPE ONLY

ADDRESS AT WELL LOCATION

1. OWNER **Magic Wand**

MAILING ADDRESS **1100 E. COLTRON AV**

N. LAS VEGAS, NV 89030

Parcel No.

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

PERMIT NO. **MO-2038**

Issued by Water Resources

Subdivision Name

3. TYPE OF WORK

New Well Recondition Domestic Municipal Deepen Other

PROPOSED USE **MINI/TREES**

Irrigation Industrial Stock Test

5. TYPE WELL

Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
FILL		0	5'	5'
SILTY SAND		5'	20'	15'
GALEHE		20'	21'	1'
SILTY CLAY		21'	22'	1'
GALEHE		22'	24'	2'
SILTY CLAY		24'	60'	36'

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 _____ feet

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

Depth of seal **35'** feet

Gravel packed: Yes No

Gravel packed from **35'** feet to **60'** 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 PARIS AV, LV, NV 89103** Contractor

Nevada contractor's license number _____

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 **M 1589**

Signed **Don Wilson**

By driller performing actual drilling on site or contractor

Date _____

Date started **OCT 19** 19**80**

Date completed **OCT 19** 19**80**

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