

OFFICE USE ONLY
 Log No. **40192**
 Permit No. _____
 Basin. **212**

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. **11918**

1. OWNER **ANDERSON DAIRY** ADDRESS AT WELL LOCATION **ANDERSON DAIRY**
 MAILING ADDRESS **C/O Bloodgood & Assoc.** **801 SEARLES AVE**
833 NEVADA HWY, B.C. NEV. **LAS VEGAS, Nevada**
 2. LOCATION **NW 1/4 NW 1/4 Sec. 26 T. 20 N. R. 61 E. Clark** County
 PERMIT NO. **MO. 2152A** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy gravel w/ silt.		0	3	3
clayey silt		3	7	4
Silty clay w/gravel		7	10.5	3.5
Caliche		10.5	11.5	1
Silty clay				
face gravel		11.5	25	13.5

T.D. = 25'

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **25** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **25** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	7.1 lbs	Sch. 40	0	25

 Perforations:
 Type perforation **factory spotted**
 Size perforation **0.020**
 From **10** feet to **25** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **0.8/6.8 Feet** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
w/ Bent.
 Gravel Packed: Yes No
 From **8** feet to **25** feet
 9. WATER LEVEL
 Static water level **13.32** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

RECEIVED
 NOV 10 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started **10-09** 19**92**
 Date completed **10-09** 19**92**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Richard Ledone** Contractor
 Address **4670 S. Polaris Ave.**
Las Vegas, Nevada 89103
 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 **M-1817**
 Signed **Richard Ledone**
 By driller performing actual drilling on site or contractor
 Date **11-09-92**