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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. 70824

1. OWNER FRED HEGWOOD ADDRESS AT WELL LOCATION 5960 TOBERY PINES  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SE 1/4 NW 1/4 Sec. 26 T 19 N/S R 60 E CLARK County  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>CLAY + CALICHE</u>		<u>0</u>	<u>20</u>	<u>20</u>
<u>CALICHE</u>		<u>20</u>	<u>60</u>	<u>40</u>
<u>CALICHE W/STRKS</u>		<u>60</u>	<u>110</u>	<u>50</u>
<u>OF CLAY</u>				
<u>CLAY + POPCORN</u>		<u>110</u>	<u>400</u>	<u>290</u>
<u>CALICHE</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 400 Feet Depth Cased 400 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 12 1/4 Inches To 400 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>1.88</u>	<u>+1</u>	<u>55</u>
<u>6 5/8</u>	<u>12.92</u>	<u>1.88</u>	<u>0</u>	<u>400</u>

Perforations:  
 Type perforation FACTORY SAW  
 Size perforation 1 1/8 x 2 1/2  
 From 360 feet to 380 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal 55  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 55 feet to 400 feet

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9. WATER LEVEL  
 Static water level 160 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 8-3 1993  
 Date completed 8-4 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name WATER WELL SERVICES Contractor  
 Address 6475 GARY AVE Contractor  
LAS VEGAS, NV. 89139  
 Nevada contractor's license number issued by the State Contractor's Board 022311  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594  
 Signed Pomdale Couch  
 \_\_\_\_\_ By driller performing actual drilling on site or contractor  
 Date 8-6-93

