

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. 10973

1. OWNER HLA ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4170 S. DECATUR AVE ROUND 9 PLAIN 60
LV NV 89103
 2. LOCATION SE 1/4 SW 1/4 Sec 16 T 21 N0R 01 E CLARK County
 PERMIT NO. MO-2323 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 7260

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>clay w/ carbonate</u>		<u>0</u>	<u>25</u>	
<u>Hole was abandoned w/ cement grout from 0-15'</u>				
<u>Plug well</u>				
<u>RECEIVED</u>				
<u>OCT 4 1993</u>				
<u>Div. of Water Resources</u>				
<u>Branch Office - Las Vegas, NV</u>				

8. WELL CONSTRUCTION
 Depth Drilled 15 Feet Depth Cased NA Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 15 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NA</u>				

 Perforations:
 Type perforation NA
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 15 Ncat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 12 feet below land surface
 Artesian 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 Wesley Environmental Contractor
 Address 41301 S. Valley View #21 Contractor
LV NV 89103
 Nevada contractor's license number 023/0035639
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1487
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-28-93

7. WELL TEST DATA

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