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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. **12559**

1. OWNER: **HLA** ADDRESS AT WELL LOCATION: **2540 DESERT INN**  
 MAILING ADDRESS: **4700 S. DECATUR AVE**  
 2. LOCATION: **SE 1/4 Sec. 8 T. 21 N. R. 01 E. Clark** County  
 PERMIT NO. **NO. 2530** 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	Thickness
Clay		0	8	
Caliche		8	12	
Clay w/ some fine		12	25	
Hole was abandoned with cement grout from bottom to the top				

8. WELL CONSTRUCTION  
 Depth Drilled: **25** Feet Depth Cased: **N/A** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 to 25 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)
<b>NA</b>				

Perforations:  
 Type perforation: **N/A**  
 Size perforation: \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal: **25**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level: **4** feet below land surface  
 Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature: \_\_\_\_\_ °F Quality: \_\_\_\_\_

Date started: **2-24** 19**94**  
 Date completed: **2-24** 19**94**

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: **Wells Environmental**  
 Address: **4701 S. Valley View #21**  
**Las Vegas, NV 89103**  
 Nevada contractor's license number: **0035639**  
 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **M1910**  
 Signed: \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date: **2-11-94**

RECEIVED  
 APR 18 1994  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV