



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. **13124**

1. OWNER: **SHE TAKIS WHOLESALE** ADDRESS AT WELL LOCATION: **3400 WESTERN AVE LAS VEGAS NV**
 MAILING ADDRESS: **3400 WESTERN AVE LAS VEGAS NV 89109**
 2. LOCATION: **NW 1/4 NE 1/4 Sec. 17 T 21 N 61 E CLARK** County
 PERMIT NO. **MD-2368A** Parcel No. **162-17-503-002** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE **MW-4**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
PULLED CASING				
PLUGGED BOREHOLE WITH CEMENT GROUT (3% BENTONITE)				
WELL DRILLED FEB 10, 1994 UNDER INTENT # 12156				
RECEIVED				
JUL 15 1994				
Div. of Water Resources Branch Office - Las Vegas, NV				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 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)

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ 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: **THOMAS HIGHT** Contractor
 Address: **4670 SO. POLARIS AVE LAS VEGAS NV 89103** Contractor
 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 **M1869**
 Signed: _____
 By driller performing actual drilling on site or contractor
 Date: **JULY 12 1994**

Date started _____, 19 **94**
 Date completed **JULY 7**, 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			