

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. **12585**

1. OWNER SEA Con ADDRESS AT WELL LOCATION 2716 E. CTRK WY  
 MAILING ADDRESS 3021 S. VANCEY DR 2716 E. CTRK WY  
LV NV. 89102

2. LOCATION SW 1/4 NW 1/4 Sec 27 T 20 N R 61 E CTRK County CLARK  
 PERMIT NO. MD-2423 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 TELE

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>CLAY</u>		<u>0</u>	<u>8</u>	
<u>CLAY</u>		<u>8</u>	<u>10</u>	
<u>CLAY / some fine sand</u>		<u>10</u>	<u>17</u>	
<u>Hole was abandoned with cement grout from the bottom to the top.</u>				
<u>NOTE: only one well with drilled on this notice</u>				
<u>SEP 15 1994</u>				
Div. of Water Resources Branch Office - Las Vegas, NV				

8. WELL CONSTRUCTION  
 Depth Drilled 19 Feet Depth Cased NA Feet

HOLE DIAMETER (BIT SIZE)  
 From 0 To 19  
8 Inches 0 Feet 19 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  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 19  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 5-17 19 94  
 Date completed 5-17 19 94

9. WATER LEVEL  
 Static water level 16 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<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 Woban Environmental Contractor  
 Address 4301 S. VANCEY DR #201 Contractor  
LV NV 89103

Nevada contractor's license number issued by the State Contractor's Board 0035639  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1910

Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 8-25-94