



PRINT OR TYPE ONLY
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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. 141071

1. OWNER Bell Environmental ADDRESS AT WELL LOCATION 2401 N Rancho
MAILING ADDRESS 2200 E Patrick #25 LV NV 89119
2. LOCATION SE 1/4 SW 1/4 Sec. 10 T. 22 N. R. 61 E CLARK County
PERMIT NO. MO-2578 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	Thick-ness
<u>clay</u>		<u>0</u>	<u>10</u>	
<u>silice</u>		<u>10</u>	<u>12</u>	
<u>clay w/ sand</u>		<u>12</u>	<u>16</u>	
<u>clay</u>		<u>16</u>	<u>22</u>	
<u>clay w/ fines</u>		<u>22</u>	<u>30</u>	

8. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet
HOLE DIAMETER (BIT SIZE)
From 10 Inches To 30 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>20</u>

Perforations:
Type perforation slotted screen
Size perforation .020
From 20 feet to 30 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 18 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 30 feet to 18 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 Weber Environmental Contractor
Address 4301 S Valley View #21 Contractor
LV NV 89103
Nevada contractor's license number issued by the State Contractor's Board 39851
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1847
Signed [Signature]
By driller performing actual drilling on site or contractor
Date _____

Date started 5-24, 19.95
Date completed 5-24, 19.95

7. WELL TEST DATA

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

