

OFFICE USE ONLY
 Log No. 48997
 Permit No. 212
 Basin 212

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. 116048

1. OWNER Rhodes Homes ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4630 Arville Ste B
LAS VEGAS, NV 89102

2. LOCATION SW 1/4 NN 1/4 Sec. 33 T. 21 N. R. 63 E Clark County
 PERMIT NO. MO-7625 Issued by Water Resources Parcel No. _____
Rhodes Ranch 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 _____

6. LITHOLOGIC LOG MW-5

Material	Water Strata	From	To	Thick-ness
<u>SAND</u>		<u>0</u>	<u>5</u>	
<u>Silty fine to coarse sand</u>		<u>5</u>	<u>25</u>	
<u>sand w/ gravel</u>		<u>25</u>	<u>30</u>	
<u>CAVITE cemented</u>		<u>30</u>	<u>50</u>	
<u>Sly SAND</u>				
<u>Sly SAND</u>		<u>50</u>	<u>51</u>	
<u>Sly SAND</u>		<u>50</u>	<u>65</u>	

8. WELL CONSTRUCTION
 Depth Drilled 65 Feet Depth Cased 65 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 1/4 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>2.375</u>				

Perforations:
 Type perforation Factory
 Size perforation _____
 From 44 feet to 64 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 40 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 47 feet to 64 feet

9. WATER LEVEL
 Static water level 50 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started _____, 19____
 Date completed _____, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name _____ Contractor
 Address _____ 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. _____

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 10-12-55

