

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. **17285**

1. OWNER HLA ADDRESS AT WELL LOCATION 121 N. DECATON

MAILING ADDRESS 4130 S DECATON LV NV 89103 NO R 60 E Clark County

2. LOCATION 5th 1/4, 5th 1/4 Sec 25 T 22 N 60 E Clark PERMIT NO. MO-249A Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen
 Recondition
 Other
 4. Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Air
 Rotary
 RVC
 Other Artes

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>clay</u>		<u>0</u>	<u>8</u>	
<u>clay shale</u>		<u>8</u>	<u>12</u>	
<u>clay w/ some sands</u>		<u>12</u>	<u>20</u>	

8. WELL CONSTRUCTION

Depth Drilled 22 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

8 Inches From 0 Feet To 20 Feet

2 Inches From _____ Feet To _____ Feet

_____ Inches From _____ Feet To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.5</u>	<u>PVC</u>	<u>5/16</u>	<u>0</u>	<u>10</u>

Perforations: slots screens

Type perforation 0.220

Size perforation 1.5 feet to 20 feet

From _____ feet to _____ feet

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

Depth of Seal 8

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

9. WATER LEVEL

Static water level 1.2 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 WALTER S. HADAMONTAL Contractor

Address 4301 S. Valley View Dr

LV NV 89103 Contractor

Nevada contractor's license number 0038520

issued by the State Contractor's Board.

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1212

Signed _____

By driller performing actual drilling on site or contractor

Date 10-13-95

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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

Date started 8-23 1995

Date completed 8-23 1995