

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. 17/60

1. OWNER HEA ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4170 S. DECATUR CLAYTON FLORISSA & LAND
LU NV 89103
 2. LOCATION S5 1/4 SW 1/4 Sec. 16 T. 21 N. R. 61 E. Clark County
 PERMIT NO. MO-2410A 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 Monitor

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	8	
caliche		8	12	
Clay w/ sand fines		12	25	

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 25 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ 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>5/16</u>	<u>0</u>	<u>10</u>

Perforations:
 Type perforation slotted screen
 Size perforation .220
 From 10 feet to 25 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: 3
 Neat Cement
 Cement Grout
 Concrete/Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 10 feet to 25 feet

9. WATER LEVEL
 Static water level 1.3 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 WE BER Environmental Inc. Contractor
 Address 4321 S. Valley View #21 Contractor
LU NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0039523
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1847
 Signed _____ By driller performing actual drilling on site or contractor
 Date 10-29-95

Date started 10-20, 1995
 Date completed 10-20, 1995

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			

