

OFFICE USE ONLY  
Log No. **49708**  
Permit No. **212**  
Basin

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **16134**

1. OWNER **HLA**  
MAILING ADDRESS **4190 S. Deaton**  
**LV NV 89103**

ADDRESS AT WELL LOCATION  
**107 N. Deaton**

2. LOCATION **SE 1/4, SE 1/4 Sec 36 T 200 N8R 600 E C land** County  
PERMIT NO. **MO-2565** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

PROPOSED USE  
 Irrigation  Test  Cable  Rotary  RVC  
 Monitor  Stock  Air  Other *Drainage*

4.  Domestic  Municipal/Industrial

5. WELL TYPE

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>Chy</i>			<i>0</i>	<i>13</i>
<i>clay/stracks</i>			<i>13</i>	<i>100</i>
<i>caliche</i>				
<i>This well was a horizontal well that was installed 15' below ground for 100' across the service station</i>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<i>15</i>			

HOLE DIAMETER (BIT SIZE)

Inches	Feet	To	Feet
<i>6</i>		<i>100</i>	
			<i>100</i>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<i>2.5</i>	<i>110</i>	<i>5/16</i>	<i>0</i>	<i>13</i>

Perforations:  
Type perforation **spaced screen**  
Size perforation **5/16" dia screen**

From *2* feet to *100* feet  
From *2* feet to *100* feet  
From *2* feet to *100* feet  
From *2* feet to *100* feet

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

Depth of Seal: *10*

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No

9. WATER LEVEL  
Static water level *17* 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 **EVANSON** Contractor  
Address **4351 S. Valley View #21** Contractor

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

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

Date started *4-5* 19 *91*  
Date completed *4-7* 19 *91*

Nevada contractor's license number **0095639**  
issued by the State Contractor's Board.

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 **10-27-91**