

PRINT OR TYPE ONLY  
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Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **14378**

1. OWNER **HLA**  
MAILING ADDRESS **4700 S. DECATUR**  
**LV NV 89103**

ADDRESS AT WELL LOCATION  
**500 S. DECATUR**

2. LOCATION **S5 1/4, N4E 1/4 Sec 36 T 20 N3R 60 E Clark** County

PERMIT NO. **MS-2590** Issued by Water Resources

Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

4.  Domestic  Municipal/Industrial  Irrigation  Test  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other **auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
clay		0	3	
caliche		8	12	
clay/sand fines		12	25	
clay/sand sands		25	30	

8. WELL CONSTRUCTION  
Depth Drilled **30** Feet Depth Cased **30** Feet  
HOLE DIAMETER (BIT SIZE)  
From **10** Inches To **30** Feet  
Inches **2** Feet **30** Feet  
Inches **2** Feet **30** Feet

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>4.5</b>	<b>100</b>	<b>5/16</b>	<b>0</b>	<b>15</b>

Perforations: **slotted screen**  
Type perforation **2070**  
Size perforation **15** feet to **30** feet  
From **15** feet to **30** feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
Depth of Seal **12**  
Placement Method:  Pumped  Poured  
Gravel Packed:  Yes  No  
From **14** feet to **30** feet

9. WATER LEVEL  
Static water level **21** 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 **WESLEY ENVIRONMENTAL INC** Contractor  
Address **4301 S Valley View Dr**  
**LV NV 89103** Contactor

Nevada contractor's license number **60395228**  
Issued by the State Contractor's Board.  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **21844**  
Signed **[Signature]**  
By driller performing actual drilling on site or contractor  
Date **10-12-95**

7. TEST METHOD:  Bailor  Pump  Air Lift  
G.P.M. (Feet Below Static) Time (Hours)

WELL TEST DATA  
Date started **6-20** 19 **95**  
Date completed **6-20** 19 **95**