



OFFICE USE ONLY
 Log No. **56710**
 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. **12855**

1. OWNER Wendy Friddle ADDRESS AT WELL LOCATION 603 S. Decatur
 MAILING ADDRESS 6850 LV NV 89119

2. LOCATION N 6 1/4 N 25 1/4 Sec 25 T 23 COUNTY Clark
 PERMIT NO. NO-2708 Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 PROPOSED USE
 Irrigation Test Stock
 Monitor Industrial Air Rotary RVC
 Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
clay		0	5	
calciferous		5	12	
clay w/ sand fines		12	25	

8. WELL CONSTRUCTION

Depth Drilled: 25 Feet Depth Cased: 25 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Inches	Feet	Feet	Feet
8	0	2 1/2	25		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.5	PVC	sch 40	0	25

Perforations: slotted screens
 Type perforation 0.020
 Size perforation 2.5 feet to 25 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Near Cement
 Depth of Seal: 25 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From 22 feet to 25 feet

9. WATER LEVEL
 Static water level: 15 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 S. Valleg Contractor
 Address: 4301 S. Valley View #21
LV NV 89103 Contractor

7. TEST METHOD: Bailor Pump Air Lift
 G.P.M. (Feet Below Static) _____ Time (Hours) _____
 Date started 7-9 1991
 Date completed 7-9 1991