

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. **17158**

1. OWNER Siron
MAILING ADDRESS 1835 W UNIVERSITY
Tempe AZ 85281

ADDRESS AT WELL LOCATION
925 S Valley View

2. LOCATION SW 1/4 NE 1/4 Sec 31 T 22 N 8 R 61 E Clark
PERMIT NO. NO. 2638 Issued by Water Resources

Parcel No. _____ Subdivision Name _____
County _____

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recodition
 Other

4. Domestic
 Municipal/Industrial

PROPOSED USE
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>CLAY</u>		0	6	
<u>CLAY</u>		6	10	
<u>CLAY</u>		10	25	

8. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>10</u> Inches	<u>0</u> Feet	<u>25</u> Feet	
<u>10</u> Inches			<u>25</u> 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>SLD</u>	<u>0</u>	<u>10</u>

Perforations: Slotted screen
Type perforation 0.220
Size perforation 12 feet to 25 feet
From 12 feet to 25 feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal: 8 Pumped Cement GROUT
Placement Method: Pumped Fouled Concrete GROUT
Gravel Packed: Yes No
From 9 feet to 25 feet

9. WATER LEVEL
Static water level 15 feet below land surface
Artesian flow 15 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 Environmental Inc. Contractor
Address 4301 S Valley View #21 Contractor
LV NV 89103

Nevada contractor's license number 0039528
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 12-13-95

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____

Date started 9-20 1995
Date completed 9-26 1995