

PRINT OR TYPE ONLY

WELL DRILLER'S REPORT

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



OFFICE USE ONLY
Log No. 50844
Permit No. 212
Basin

1. OWNER Kevin Felder ADDRESS AT WELL LOCATION 1600 S. Decatur

MAILING ADDRESS 6850 Paradise

2. LOCATION NE 1/4 NE 1/4 Sec 25 T 20 N 08 R 60 E Clark County

PERMIT NO. AW-2495 Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well
 Replace
 Deepen
 Abandon
 Recondition
 Other _____

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Rotary
 RVC
 Air
 Other Ag

6. LITHOLOGIC LOG

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

8. WELL CONSTRUCTION

Depth Drilled: 25 Feet
 WELL DIAMETER (BIT SIZE) 8 Inches
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 25 Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.5</u>	<u>110</u>	<u>5/16</u>	<u>0</u>	<u>23</u>

Perforations: sifted screens
 Type perforation _____
 Size perforation 23 _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 23 _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 22 feet to 25 feet

9. WATER LEVEL
 Static water level: 13 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: WEBB Environmental Inc.
 Contractor
 Address: 4351 S. Valley View #21
 Contractor
LV NV 89103

Nevada contractor's license number 20395228
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller AS 847
 Signed: _____
 By driller performing actual drilling on site or contractor
 Date 10-13-95

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor		
<input type="checkbox"/> Pump		
<input type="checkbox"/> Air Lift		
G.P.M.		

Date started: 7-10 1995
 Date completed: 7-10 1995