

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. **50906**
Permit No. **212**
Basin

NOTICE OF INTENT NO. **12855**

1. OWNER LESTER DICK ADDRESS AT WELL LOCATION 1005 Bell St
MAILING ADDRESS 6850 S Paradise

2. LOCATION N 5 1/4 N 1/4 Sec 25 T 20 N 9 R Ge E Clark County
PERMIT NO. MO-2709

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen
 Recondition
 Other
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Air
 Rotary
 RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
clay		0	5	
caliche		5	12	
clay & sand fines		12	25	

8. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
2	25	0	23

Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
25	100	SLUD	0	23

Perforations: slotted screen
 Type perforation 20
 Size perforation 20
 From 20 feet to 25 feet
 From 20 feet to 25 feet
 From 20 feet to 25 feet
 From 20 feet to 25 feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal: 20 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 Walter Spivey
 Contractor Spivey Drilling Inc
 Address 4301 S Valley View #21
Clark NV 89103
 Nevada contractor's license number 0039528
 issued by the State Contractor's Board 02/18/17
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 02/18/17
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 10-13-85

7. WELL TEST DATA

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

Date started 2-11, 1985
 Date completed 2-11, 1985