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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. **16030**

1. OWNER **Perry Fortson (For Bragg Bent & Assoc.)** ADDRESS AT WELL LOCATION **Rugg's Repair Shop**
 MAILING ADDRESS **2317 Juanita Circle Las Vegas NV 89030** **1501 West Carey - MKR Blvd Las Vegas 89106**

2. LOCATION **RE 1/4 NW 1/4 Sec. 21 T 20 N 61 E Clark** County
 PERMIT NO. **MO-2652** Issued by Water Resources **139-21-103-004** Parcel No. **Clark** Subdivision Name

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

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

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

6. Well # **4** LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
- Light Brn Silty Sand w/ Pebbles		0	7	7
- Light Brn Silty Sand + Gravel		7	10	3
- Caliche		10	12	2
- Brown Silty Sand		12	15	3
- Caliche		15	17	2
- Brown Silty Clay w/ Gravel		17	30	13
- Brown Silty Clay		30	45	15

8. WELL CONSTRUCTION
 Depth Drilled **45** Feet Depth Cased **45** Feet

HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **4.5** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 3/8			0	25

Perforations:
 Type perforation **Slotted**
 Size perforation **.020**
 From **25** feet to **45** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **23** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **23** feet to **45** feet

9. WATER LEVEL
 Static water level **29.4** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **4-5-96**, 19 **96**
 Date completed **4-5**, 19 **96**

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Terracon Consultants** Contractor
 Address **4343 S. Polaris Las Vegas NV** Contractor
 Nevada contractor's license number issued by the State Contractor's Board: _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-2017**
 Signed **Kenneth A. Kutawai**
 By driller performing actual drilling on site or contractor
 Date **4-30-96**