

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. 17688

1. OWNER MAGIC WAND TRUCK STOP
MAILING ADDRESS 1100 E. COLTON AVE
ADRIKH LAS VEGAS, NV

ADDRESS AT WELL LOCATION: 1100 E. COLTON AVE
MTV, NV

2. LOCATION N1/4 SE 1/4 Sec 11 T 20 R 61 E CLARK County
NO-2282 139-11-303-011 Parcel No.

Issued by Water Resources

Subdivision Name

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

LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>FILL</u>				
<u>SANDY CLAY OCCASIONAL SAND AND CAULICE LAYERS</u>		<u>0</u>	<u>2</u>	<u>65</u>
				<u>63</u>

8. WELL CONSTRUCTION
Depth Drilled 65 Feet
WELL DIAMETER (BIT SIZE)
8 Inches From 0 Feet To 65 Feet
Inches From _____ Feet To _____ Feet
Inches From _____ Feet To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>19</u>	<u>0.037</u>	<u>0</u>	<u>65</u>

Perforations:
Type perforation FACTORY SLOT
Size perforation 0.030
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 0.40/40-413 BENTONITE Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 43 feet to 65 feet

9. WATER LEVEL
Static water level _____ 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 THOMAS AWEIL
Address 731 PILOT RD. STE 14
LAS VEGAS, NV 89119
Contractor
Contractor's

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 M1869

Signed _____
By driller performing actual drilling on site or contractor
Date 2-11-97

7. WELL TEST DATA
Date started DECEMBER 11 1996
Date completed DECEMBER 11 1996

TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____