

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

NOTICE OF INTENT NO. **17683**

1. OWNER **MAGIE WARD**
MAILING ADDRESS **1100 E. DOLTON**
NORTH LAS VEGAS NV

ADDRESS AT WELL LOCATION **1100 E. DOLTON**
NORTH LAS VEGAS, NV

2. LOCATION **NW 1/4 SE 1/4 Sec 11 T 20 N 31 E GARR** County
PERMIT NO. **NO 2282** Parcel No. **139-11-303-011**

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick- ness
FILL		0	2	2
INTERBEDDED SILTY SAND & SANDY CLAY OCCASIONAL CALICHE LAYERS.		2	65	63

8. WELL CONSTRUCTION
Depth Drilled **65** Feet Depth Cased **65** Feet
HOLE DIAMETER (BIT SIZE)
8 Inches From **0** To **4** Feet
Inches Feet Feet Feet
Inches Feet Feet Feet
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
4.5 **1.9** **0.237** **0** **65**

Perforations:
Type perforation **FACTORY SIRT**
Size perforation **0.020**
From **45** feet to **65** feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet

Surface Seal: Yes No Seal Type:
Depth of Seal **0-40/40-43 (as required)** 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 HIGHT**
Address **731 PILOT RD STE H**
LAS VEGAS, NV 89119
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 **141869**
Signed **[Signature]**
By driller performing special drilling on site or contractor
Date **2-11-97**

Date started **DECEMBER 9** 19**96**
Date completed **DECEMBER 9** 19**96**
7. WELL TEST DATA
TEST METHOD: Bailer Pump Air Lift
G.P.M. (Feet Below Static) Time (Hours)