

**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

Log No. **64916**  
Permit No. **212**  
Basin **212**

NOTICE OF INTENT NO. **17887**  
FOR **FORENSIC WASTE YARD**

ADDRESS AT WELL LOCATION: **FORENSIC WASTE YARD**

1. OWNER **USPC**  
MAILING ADDRESS **Stages Fertilizer Plant**  
**PO BOX 00 80301**

ADDRESS AT WELL LOCATION: **FORENSIC WASTE YARD**

2. LOCATION **NE 1/4 NE 1/4 SE 1/4 Sec 33 T 20 N OR 61 E CLARK** County  
PERMIT NO. **UNKNOWN** Issued by Water Resources  
Parcel No. **139-34-300-006** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other  
4.  Domestic  Municipal/Industrial  Monitor  Stock  Air  Other  
5. WELL TYPE  
 Cable  Rotary  RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
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**4" well was plugged with cement grout**  
**well was drilled/INSTALLED July 30, 1987**

8. WELL CONSTRUCTION  
Depth Drilled: \_\_\_\_\_ Feet  
HOLE DIAMETER (BIT SIZE)  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)		From (Feet)		To (Feet)
		From	To	From	To	To (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 PLUM 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: **41869**  
Signed: \_\_\_\_\_  
Date: **2-13-97**  
By driller performing actual drilling on site or contractor

7. WELL TEST DATA  
Date started **DECEMBER 17 1986**  
Date completed **DECEMBER 17 1986**

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