

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. **160029**
Permit No. **218**
Basin

NOTICE OF INTENT NO. **13917**

ADDRESS AT WELL LOCATION: **1615 DECATUR BLVD**

CLARK County

NO R 600 F Subdivision Name

1. OWNER: **ARCO 410 BROADBENT & ASSOC**
MAILING ADDRESS: **833 NEVADA HWY STE 4**
BOULDER CITY NV 89005
2. LOCATION: **SE 1/4 SE 1/4 Sec 24 T 20**
N10-241164 Parcel No. **DMKAD0011**

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

LITHOLOGIC LOG		WELL CONSTRUCTION	
Material	Water Strata	From	To
ASPHALT/FLU		0	2.5
CLAY/FLU		2.5	5
CEMENTED GRAVEL		5	7
SILT-SAND-CLAY		7	10
SILTY CLAY		10	14.5
CLAY/FLU		14.5	18
SILTY CLAY		18	25
			7

WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
25		25	

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
8		25	

CASING SCHEDULE			
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)
4.5	1.9	0.237	0
			25

Perforations: **FACTORY SIOT**
Type perforation: **0.028** feet to **25** feet
Size perforation: **5** feet to **25** feet
From: **5** feet to **25** feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal: **0-1 1/2 - 3 1/2** **BEURONITE**
Placement Method: Pumped Poured
Gravel Packed: Yes No
From: **3 1/2** feet to **25** feet

9. **10.32** WATER LEVEL
Static water level: **10.32** 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: **DONALD WILSON**
Address: **410 70 50 SOUTH COCTOR**
LAS VEGAS NV 89103
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: **N15589**
Signed: **Donald Wilson**
By driller performing actual drilling on site or contractor
Date: **1-11-95**

Date started: **Dec 8** 19 **94**
Date completed: **Dec 8** 19 **94**
7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____