

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

NOTICE OF INTENT NO. **13917**

1. OWNER **ARCO 410 BRADBENT & ASSOC**

ADDRESS AT WELL LOCATION **1615 DECATUR BLVD**

MAILING ADDRESS **833 NEVADA HWY STE 4**

COUDBER CITY NV 89105

2. LOCATION **SE 1/4 SE 1/4 Sec 84 T 20 N R 60 E CLARK** County

PERMIT NO **MD-2446A** **DARKWOOD** Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Rotary
 RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT/CLAY		0	3	3
CLAY		3	4.5	1.5
GRAVEL		4.5	6	1.5
SAND-SILT-CLAY		6	12	6
SILT CLAY		12	16	4
CLAY		16	18	2
SILT CLAY		18	25	7

8. WELL CONSTRUCTION

Depth Drilled **25** Feet Depth Cased **25** Feet

HOLE DIAMETER (BIT SIZE)
 8 Inches From 0 To 25 Feet
 8 Inches From 0 To 25 Feet

CASING SCHEDULE

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

9. WATER LEVEL
 Static water level **10.32** feet below land surface
 Artesian flow _____ °F Quality _____ P.S.I.
 Water temperature _____ °F

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 **4070 SO COLLIERIS AVE**
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 **11589**
 Signed **Donald Wilson**
 By driller performing actual drilling on site of contractor
 Date **1-11-95**

7. WELL TEST DATA

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

Date started **Dec 8** 19 **94**
 Date completed **Dec 9** 19 **94**