

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. **12115**

ADDRESS AT WELL LOCATION: **801 W. QUINCY**

WV, NV

1. OWNER: **CHARLIE BROWN CONSTRUCTION**

MAILING ADDRESS: **801 WEST QUINCY**
NORTH LAS VEGAS, NV 89130

2. LOCATION: **NE 1/4 SE 1/4 Sec. 10 T. 20 N. R. 61 E. CLARK** County

PERMIT NO. **ND-2340** Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill - SILTY SAND		0	20	20
SAUDY GRAVEL		20	26	6
SILTY CLAY		26	46	20
CLAY		46	47	1
SILTY CLAY		47	70	23

8. WELL CONSTRUCTION

Depth Drilled: **70** Feet Depth Cased: **70** Feet

HOLE DIAMETER (BIT SIZE)

From **8** Inches To **70** Feet

Inches: **0** Feet: **70** Feet

Inches: **0** Feet: **70** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	70

Perforations:
 Type perforation: **FASTER SLOT**
 Size perforation: **0.020**
 From **30** feet to **70** feet
 From **30** feet to **70** feet

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 JAN 14 1994
 DIV. OF WATER RESOURCES
 WASHINGTON OFFICE - LAS VEGAS, NV

9. WATER LEVEL

Static water level: **58.36** feet below land surface

Artesian flow: **G.P.M.**

Water temperature: **°F** Quality: **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: **4670 SO. CHARLES AVE**
LAS VEGAS NV 89103
 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: **Thomas H. Hight**
 By driller performing actual drilling on site or contractor
 Date: **JAN 13 1994**

7. WELL TEST DATA

Date started: **NOV 30** 19 **93**

Date completed: **NOV 30** 19 **93**

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