

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. **W6286**
Permit No. **A1A**
Basin **11934**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **11934**

1. OWNER **JOE IATRO.** ADDRESS AT WELL LOCATION **444 S. Martin Luther King**
MAILING ADDRESS **4670 S. Polaris Ave. Las Vegas, NV**
2. LOCATION **SE 1/4 NW 1/4 Sec 33 T 20 NR CL F** County
PERMIT NO. **MO-2217** Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT				
fill gravelly sand		0.75	1.5	1.5'
Silty clay		2	7.5	5.5'
clay		7	9.5	2.5'
Silty clay		9.5	25	15.5'

8. WELL CONSTRUCTION
Depth Drilled **25'** Feet HOLE DIAMETER (BIT SIZE)
From **8** Inches To **25** Feet
Inches **0** Feet **25** Feet
Inches **0** Feet **25** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.	7 lbs	sch. 40	0	25

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

PERFORMANCES:
Type perforation **factory slotted**
Size perforation **0.022**
From..... feet to **25** feet
From..... feet to..... feet
From..... feet to..... feet
From..... feet to..... feet

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

9. WATER LEVEL
Static water level **14** 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 **RICHARD LEBLANC** Contractor
Address **4670 S. Polaris Ave**
Nevada contractor's license number **NEVADA.89103**
Issued by the State Contractor's Board.

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. Draw Down (Feet Below Static) Time (Hours)
Date started **12/02/93**
Date completed **12-02-93**
Div. of Water Resources
Branch Office - Las Vegas, NV