

WELL DRILLER'S REPORT

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

PERMITS USE ONLY
Log No. **1635016**
Permit No. **212**
Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **14807**

FORMER **UPPER**

1. OWNER **USPEL**
MAILING ADDRESS **5665 FLATIRON PKWY**
BOULDER CO 80501

ADDRESS AT WELL LOCATION **YARD**

2. LOCATION **SE 1/4 NE 1/4 Sec 33 T 20 NR 61 E CLARK** County

PERMIT NO. **DKR1001N** Parcel No.

Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other

4. Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Test
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
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**POURED CASING
DRILLED OUT BRACKLE,
AND PLUGGED WITH
CEMENT GROUT**

**WELL ORIGINALLY
DRILLED BY DANNES
& MOORE 1 APRIL
20, 1988**

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
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HOLE DIAMETER (BIT SIZE)			
Inches	Feet	Feet	Feet
From	To	From	To

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Performations:

Type perforation	Size perforation	From	To
		feet to	feet
		From	feet to

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From _____ feet 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 ALIEN**

Contractor **THOMAS ALIEN**

Address **41670 SOUTH PARKS AVE**

Contractor **MRS VEGAS NW 89103**

Nevada contractor's license number _____
 Nevada driller's license number issued by the _____
 Division of Water Resources, the on-site driller _____
M1869

Signed _____
 Date **12-29-94**
 By driller performing sign-off on site or contractor

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

Date started **Dec 20** 19 **94**
 Date completed **Dec 20** 19 **94**