

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 2009

1. OWNER HLA / LUVWD ADDRESS AT WELL LOCATION BLUE DIAMOND
 MAILING ADDRESS 4170 S. DEARMAN AVE
LD NO. 89103
 2. LOCATION 1/4 NW 1/4 Sec 7 T 22 N 59 E County _____
 PERMIT NO. W-2045 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RYC
 Air Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	5	
CALICHE		5	25	
CLAY		25	35	
CALICHE w/ FINE LENSES OF LIMESTONE		35	70	

Here was ABANDON w/
GROUT From the Bottom
TO THE TOP.

8. WELL CONSTRUCTION
 Depth Drilled 70 Feet Depth Cased NA Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 70 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NA</u>				

Perforations:
 Type perforation NA
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Scal Type:
 Depth of Seal 70 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level NA 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 Wesley Environmental Contractor
 Address 4301 S. Valley View #21 Contractor
LD NO. 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 onsite driller. 1487
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-14-93

Date started 9-13, 1993
 Date completed 9-15, 1993

7. WELL TEST DATA

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

RECEIVED
 DEC 27 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV