

OFFICE USE ONLY
 Log No. 66647
 Permit No. _____
 Basin _____

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 3085

1. OWNER US AIR FORCE WTC/EVR ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4551 DEVLIN DR _____
NEILLS AFB, NV 89191-6542 _____
 2. LOCATION SE 1/4 SE 1/4 Sec 4 T 20 N 0 R 62 E Clark County
 PERMIT NO. MO-2458A 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 RVC
 Air Other Artesian

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>clay</u>		<u>0</u>	<u>6</u>	
<u>clay w/ gravel</u>		<u>6</u>	<u>14</u>	
<u>concrete</u>		<u>14</u>	<u>15</u>	
<u>clay w/ gravel</u>		<u>15</u>	<u>25</u>	
<u>clay w/ fines</u>		<u>25</u>	<u>40</u>	

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 10 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>PVC</u>	<u>Sched 40</u>	<u>0</u>	<u>20</u>

Perforations:
 Type perforation slotted screen
 Size perforation 20
 From 20 feet to 40 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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 DIVISION OF WATER RESOURCES
 STATE OF NEVADA

Surface Seal: Yes No Seal Type:
 Depth of Seal 17 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 40 feet to 19 feet

9. WATER LEVEL
 Static water level 3 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2-23, 1995
 Date completed 2-24, 1995

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Webster Environmental Contractor
 Address 4301 SVALLEY VIEW #21 Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0035639
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1910
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 5-15-95