



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. 14067

1. OWNER 650 Ford ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5020 Avila St SU-7 Leeds Market, LAUGHMAN NV
LV NV 89109
 2. LOCATION SE 1/4 NW 1/4 Sec. 13 T. 32 N. R. 66 E CLARK County
 PERMIT NO. W-2438A 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 Monitor

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
poorly graded sand		0	20	
clay		20	22	
poorly graded sand		22	40	
gravel		40	41	
sandy		41	43	

8. WELL CONSTRUCTION
 Depth Drilled 43 Feet Depth Cased 43 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 43
7 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.5	PVC	Std 80	0	40

Perforations:
 Type perforation slotted screen
 Size perforation .020
 From 40 feet to 43 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 36 Neat Cement
 Placement Method: Pumped Poured Cement Grout
 Concrete Grout
 Gravel Packed: Yes No
 From 38 feet to 43 feet

9. WATER LEVEL
 Static water level 23 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 Weber Environmental Contractor
 Address 4301 S Valley View #21 Contractor
LV NV 89103
 Nevada contractor's license number 0035639
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the M1847
 Division of Water Resources, the on-site driller.
 Signed _____
 By driller performing actual drilling on-site or contractor
 Date 3-20-95

Date started 3-3, 1995
 Date completed 3-3, 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			

