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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. **14866**

1. OWNER Tim Miller ADDRESS AT WELL LOCATION 5866 Calverts St.
 MAILING ADDRESS Same Las Vegas, Nev. 89130
 2. LOCATION NW 1/4 SW 1/4 Sec 25 T 19S N/S R 60 E Clark County
 PERMIT NO. 125-25-310-033
 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Popcorn Caliche		0	30	
Caliche		30	65	
Clay		65	130	
Caliche		130	165	
Caliche & Water	xx	165	175	
Clay		175	340	
Clay & Water	xx	340	400	

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 400 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 1/4 Inches 0 Feet 55 Feet
10 5/8 Inches 55 Feet 400 Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	+1	400

Perforations:
 Type perforation Factory
 Size perforation 3/16 x 8 row
 From 360 feet to 380 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level: 116 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °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 Vernon H. Dimick Contractor
 Address 5360 Bonita Vista Contractor
Las Vegas, Nev. 89129
 Nevada contractor's license number 10062
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 552
 Division of Water Resources, the on-site driller
 Signed V.H. Dimick
 By driller performing actual drilling on site or contractor
 Date 12-9-97

Date started 11/25/97 19_____
 Date completed 11/27/97 19_____

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			

