



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

NOTICE OF INTENT NO. 14285

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

1. OWNER HLA
MAILING ADDRESS 4170 S DECATUR
LV NV 89103

ADDRESS AT WELL LOCATION
5 S DECATUR

2. LOCATION 5th 1/4 Sec 25 T 23 NBR 62 E Clark County
PERMIT NO. MD-2449A
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
4. Domestic Municipal/Industrial
5. WELL TYPE
 Irrigation Test Cable Rotary RVC
 Monitor Stock Air Other Open

6. LITHOLOGIC LOG
Material Water Strata From To Thickness
clay 0 8
caliche 8 12
clay w/ some sands 12 20

8. WELL CONSTRUCTION
Depth Drilled 20 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 20 Feet
Inches 0 Feet 20 Feet
Inches Feet Feet

CASING SCHEDULE

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

Well was abandoned by removing casing + screen - 11/2" by 5' cased from 3' to top

Plug well

Perforations: Type perforation N/A
Size perforation _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No
Depth of Seal 20
Placement Method: Pumped Grouted
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ feet below ground 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 Walter N. Vignati Contractor
121
Address 4321 S. Valley View #21 Contractor
LV NV 89103

Nevada contractor's license number 2039528
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1847
Signed _____
by driller performing actual drilling on site or contractor
Date 10-17-85

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. Draw Down (Feet Below Static) Time (Hours)

Date started 8-23 1985
Date completed 8-23 1985