

OFFICE USE ONLY  
Log No. **70590**  
Permit No. \_\_\_\_\_  
Basin **212**

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. **17391**

1. OWNER **Southland** ADDRESS AT WELL LOCATION **7-Eleven**  
MAILING ADDRESS **19033 W. Valley Hwy** **Vegas St Decatur**  
**Kent WA 98032** **L.V. N.V.**  
2. LOCATION **NE 1/4 NE 1/4 Sec 31 T 21 N R 62 E** **Clark** County  
PERMIT NO. **139-19-401-006** 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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>Silty Sand</b>		<b>0</b>	<b>3</b>	<b>3</b>
<b>Caliche</b>		<b>3</b>	<b>8</b>	<b>5</b>
<b>Silty Clay</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>6</b>
<b>Caliche</b>		<b>14</b>	<b>18</b>	<b>4</b>
<b>Clay</b>		<b>18</b>	<b>30</b>	<b>12</b>

8. WELL CONSTRUCTION  
Depth Drilled **30** Feet Depth Cased **30** Feet  
HOLE DIAMETER (BIT SIZE)  
From **8** Inches To **30** Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>4 1/4</b>		<b>1/8</b>	<b>0</b>	<b>5</b>

Perforations:  
Type perforation **Factory Slotted**  
Size perforation **220**  
From **5** feet to **30** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

9. WATER LEVEL  
Static water level **12** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **1-26-98**  
Date completed **1-26-98**

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name **Weber Drilling Services** Contractor  
Address **1210 Sharp Circle** Contractor  
**N. Las Vegas NV 89030**  
Nevada contractor's license number **38527**  
issued by the State Contractor's Board.  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2057**  
Signed **[Signature]** driller performing actual drilling on site or contractor  
Date **1-25-98**