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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. **16555**

1. OWNER **Carmen Iovino** ADDRESS AT WELL LOCATION **Sobbs & West Wind**  
 MAILING ADDRESS **6370 W. Flamingo Las Vegas, Nev.**

2. LOCATION **NE 1/4 SW 1/4 Sec. 36 T. 21 N. R. 60 E Clark** County  
 PERMIT NO. **16336303006** 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	Thickness
Top Soil Caliche		0	20	20
Boulders Sand Gravel		20	120	100
Boulders Sand Brown Clay		120	240	120
Brown Sand Stone Clay		240	300	60
Consolidates Sand Gravel		300	400	100

8. WELL CONSTRUCTION  
 Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **4** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6</b>		<b>Sch 40</b>	<b>400</b>	<b>71</b>
<b>7 FT</b>	<b>8 IW</b>	<b>188</b>		

Perforations:  
 Type perforation **Saw**  
 Size perforation **1/8 X 10**  
 From **400** feet to **340** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From **400** feet to **50** feet

9. WATER LEVEL  
 Static water level **160** feet below land-surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cool** °F Quality **Good**

Date started **8-5-98**  
 Date completed **8-18-98**

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 checked="" type="checkbox"/> Air Lift	<b>50</b>		<b>1 HR</b>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Redding Drilling** Contractor  
 Address **8170 Haven Las Vegas, Nev. 89123** Contractor  
 Nevada contractor's license number **38155** issued by the State Contractor's Board.  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1475-1**

Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **8-25-98**

