

OFFICE USE ONLY
 Log No. **81376**
 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. **21503**

1. OWNER **Mathis Charles M Jr. & William A** ADDRESS AT WELL LOCATION **3286 CORAN LN**
 MAILING ADDRESS **9346 DOGWOOD RD** **N. LAS VEGAS, NV**
GERMANTOWN, TN 38139-3509
 2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **20** T **20** N/S R. **61** E. **CLARK** County
 PERMIT NO. **R-1042** **139-20-202-010** Subdivision Name _____
Issued by Water Resources Parcel No.

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Abandon 1-domestic well				
Dropped pump and discharge pipe per waiver #R-1042 and poured 27 sack mix via trimmie pipe from 133' to ground level.				
NORTH WELL				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ 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)
8 5/8				

Perforations: **MILLS KNIFE**
 Type perforation **1/4 x 2"**
 Size perforation **0**
 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 **33** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **9/21** **2010**
 Date completed **9/26** **2010**

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **ALLEN DRILLING INC.** Contractor
 Address **4847 S. VALLEY VIEW** Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number **18917** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2117**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **10/11/09**

