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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 21551

1. OWNER Peter Eliades ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 1531 L.V. Blvd So., Buffalo off BLUE Diamond Rd.  
Las Vegas Nev. 89104 9125 Buffalo  
 2. LOCATION SE 1/4 NE 1/4 Sec. 28 T. 22 N/S R. 60 E. CLARK County  
 PERMIT NO. 176-21-601-020  
 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
<u>Sand Gravel Bould</u>	<u>0</u>	<u>0</u>	<u>400</u>	
<u>Abandon well</u>				
<u>Because state</u>				
<u>said so</u>				
<u>Back filled with</u>				
<u>type II 400 to 10</u>				
<u>poured 10 ft cement cap</u>				
<u>W.R. 5-21-01</u>				
<u>*NOTE WELL STARTED DRILLING ON</u>				
<u>NOTICE OF INTENT # 21551. WELL WAS</u>				
<u>TO BE PLUGGED UNDER NOTICE OF INTENT</u>				
<u>CARD # 21534</u>				

8. WELL CONSTRUCTION  
 Depth Drilled 400 Feet Depth Cased 0 Feet  
 HOLE DIAMETER (BIT SIZE)  
10" From 0 To 400  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>None</u>				

Perforations:  
 Type perforation None  
 Size perforation \_\_\_\_\_  
 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 0 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 2-20-01, 19\_\_\_\_  
 Date completed 3-2, 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			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge  
 Name Rolling Drilling Contractor  
 Address 3955 Blue Diamond Rd #4 Contractor  
Las Vegas NV 89139  
 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 1798  
 Signed Thomas G. Kelly  
 By driller performing actual drilling on site of contractor  
 Date 3-30-01

