

PRINT OR TYPE ONLY
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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. **21249**

1. OWNER **ADDISON WIRE BUSTERS RENTRY SERVICE**
MAILING ADDRESS: **1105 GLENDON AVE #1200**
LAS VEGAS, NV 89107

ADDRESS AT WELL LOCATION:
316 S. DEWAR TRWD.
LAS VEGAS, NV 89107

2. LOCATION **SEE 1/4 NE 1/4 Sec 36 T 22 N 8R 6D E CLARK** County

PERMIT NO. **DB-36-601-003** Parcel No. **22** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial
 Irrigation Test Stock
 Monitor Air Other

5. WELL TYPE **SW-9**
 Rotary RVC

6. LITHOLOGIC LOG

Material	Water Strain	From	To	Thickness
ARTSIAN		0	0.5	0.5
SANDY CLAY		0.5	7.5	7
GRAVEL		7.5	8.5	1
CLAYETS		8.5	10	1.5
SANDY CLAY		10	19.5	9.5
GRAVEL		19.5	20.5	1
SANDY CLAY		20.5	24.5	4
CLAYETS		24.5	26	1.5
SANDY CLAY		26	31	5
GRAVEL		31	37.5	6.5

8. WELL CONSTRUCTION
 Depth Drilled: **37.5** Feet Depth Cased: **37.5** Feet
 HOLE DIAMETER (BIT SIZE)
5 1/2 Inches From **0** Feet To **37.5** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375		0.308	0	37.5

Performances:
 Type perforation: **PERFORATED SLOT PVC**
 Size perforation: **0.022**
 From **1.2** feet to **37.5** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal: **5** Pumped Cement Grout
 Placement Method: Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to **37.5** feet

9. WATER LEVEL
 Static water level: **12** feet below land 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: **CONVERSE CONSULTANTS**
 Contractor
 Address: **731 PROCT ROAD H**
LAS VEGAS, NV 89119
 Nevada contractor's license number **418947**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **M-1589**
 Division of Water Resources, the on-site driller

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

Date started: **9/17/01** 19
 Date completed: **9/17/01** 19

Signed: **Converse**
 By driller performing actual drilling on site or contractor
 Date