

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 85499
Permit No. 812
Basin: _____

NOTICE OF INTENT NO. 21248

1. OWNER BEVERE GUTZEL PASTIS

MAILING ADDRESS 50 S. JONES BLVD. STE 200

ADDRESS AT WELL LOCATION 550 S. DRATMAN AVE.

LAS VEGAS, NV 89107

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2. LOCATION: NE 1/4, SE 1/4 Sec. 36T 20 NR 60E 42R County

PERMIT NO. 138-36-20-014 Parcel No.

Subdivision Name

3. WORK PERFORMED

- New Well
 Replace
 Abandon
 Recondition
 Other

4. Domestic
 Municipal/Industrial

5. WELL TYPE

- Irrigation
 Test
 Stock
 Cable
 Rotary
 RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Slusy clay</u>		<u>0</u>	<u>27</u>	<u>27</u>

8. WELL CONSTRUCTION

Depth Drilled 27 Feet Depth Cased 27 Feet
HOLE DIAMETER (BIT SIZE)
5 1/2 Inches From 0 Feet To 27 Feet
Inches. Feet Feet
Inches. Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>		<u>0.328</u>	<u>0</u>	<u>27</u>

Perforations:

Type perforation Fracture slot PVC
Size perforation 0.020
From 10 feet to 27 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 10
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 10 feet to 27 feet

9. WATER LEVEL

Static water level 21.57 feet below land surface
Artesian flow _____ G.P.M.
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 CONVERSE

Contractor

Address 731 PILLOT ROAD, STE 4

LAS VEGAS, NV 89109

Nevada contractor's license number 48547

issued by the State Contractor's Board.

Nevada driller's license number issued by the Division of Water Resources, the on-site driller W-1589

Signed [Signature]
By driller performing actual drilling on site or contractor

Date

7. WELL TEST DATA

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

Date started 8/21/01 19____
Date completed 8/21/01 19____