

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. 902410
Permit No. 212
Basin: _____

NOTICE OF INTENT NO. 23595

1. OWNER Amir Development

ADDRESS AT WELL LOCATION 1501 N. Decatur Blvd L.V., NV
Jeffrey Smith
Clark County

2. LOCATION NE 1/4 NE 1/4 Sec 25 T 80 NDR 60 E County
PERMIT NO. N/A Issued by Water Resources 138-25-503-006 Parcel No. 138-25-503-006 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Abandoned (12) wells total</u>				
<u>4-2" wells</u>				
<u>8-4" wells</u>				
<u>to ADWR</u>				
<u>regulations</u>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet

CASING SCHEDULE

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

Perforations:
Type perforation _____
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: Pumped Padfed
Placement Method: Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level: _____ feet below surface
Artesian flow: _____ G.P.M. P.M.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 Layne Christensen Co.
Contractor

Address: 1707 S. 4490 W
Salt Lake City, Utah 84104
Contractor's license number 0019101

Nevada contractor's license number issued by the State Contractor's Board: _____
Nevada driller's license number issued by the Division of Water Resources the on-site driller: 2057
Signed: Brian J. Busser
By driller performing actual drilling on site or contractor
Date: 5-17-03

Date started 5-17-03 19____
Date completed 5-17-03 19____

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