

OFFICE USE ONLY
Log No. 91367
Permit No. _____
Basin 212
NOTICE OF INTENT NO. 92650

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

1. OWNER Control Const. ADDRESS AT WELL LOCATION Vegas Valley + Holly wood
MAILING ADDRESS 1720 Lake Mead Dr Henderson, NV
2. LOCATION NW 1/4 S-W 1/4 Sec. 14 T. 21 N. R. 62 E County _____
PERMIT NO. DW-1170 Issued by Water Resources Parcel No. 161-14-399-001 Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Well #1 Dry Clays + Silts</u>		<u>0</u>	<u>17</u>	
<u>Silt, Sands</u>		<u>17</u>	<u>20</u>	
<u>Silt, Clays + Sands</u>		<u>20</u>	<u>28</u>	
<u>Clay</u>		<u>28</u>	<u>35</u>	
<u>Well #2 - Same</u>				
<u>Well #3 - Same</u>				
<u>Well #4 - Same</u>				
<u>Well #5 - Same</u>				
<u>Well #6 - Same</u>				

8. WELL CONSTRUCTION
Depth Drilled 35 Feet Depth Cased 35 Feet
HOLE DIAMETER (BIT SIZE)
24" From 0 To 35
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)
6 PVC Sch-40 0 15
Perforations:
Type perforation Saw cut
Size perforation 1032
From 15 feet to 35 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 0 feet to 35 feet
9. WATER LEVEL
Static water level 19 feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature cool °F Quality Good

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 R. A. Dewate Contractor
Address 536 E. Marshall St. Ontario CA 91761 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0031246
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1985
Signed _____ By driller performing actual drilling on site or contractor
Date _____