

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. **27781**

1. OWNER **Story Book Homes** ADDRESS AT WELL LOCATION **3725 E Lake Mead Dr**  
MAILING ADDRESS **2580 Missouri St 104 Las Vegas, NV 89117** **Stevens & Lake Mead N.W. Clark**  
2. LOCATION **NE 1/4 8W 1/4 Sec 19 T 20 N/S R 12 E** County  
PERMIT NO. **140-19-301-013** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Abandon  
 Deepen  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	Thickness
<b>Ripped From</b>		<b>150</b>	<b>0</b>	<b>150</b>
<b>Pumped from bottom to surface with neat cement</b>				
<b>PLUGGED BY GWMP ORIG/PLUG LOG # <b>6MP14679</b> no 105 # found</b>				
<b>DCNR/DWR RECEIVED</b>				
<b>JUN 21 2005</b>				
<b>LAS VEGAS OFFICE</b>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
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

Surface Seal:  Yes  No Seal Type:  
Depth of Seal **NONE**  Neat Cement  
Placement Method:  Pumped  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started **6-9-05**, 20  
Date completed **6-10-05**, 20

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level **21** 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 **Redding Drilling** Contractor  
Address **3955 Blue Diamond Rd #4 Las Vegas NV 89139** Contractor  
Nevada contractor's license number issued by the State Contractor's Board **38155**  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1617**  
Signed **Robert Mitchell**  
By driller performing actual drilling on site or contractor  
Date **6-10-05**