



*Amended*  
 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

NOTICE OF INTENT NO. 30617

1. OWNER WILLIAM PAUL GARCIA ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 9216 FOREST MANOR ST  
LV. NV. 89134  
 2. LOCATION NE 1/4 SW 1/4 Sec 20 T. 22 S. R. 58 E CLARK County  
 PERMIT NO. 174-20-801-001  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  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	Thick-ness
ABANDON DRY HOLE 260 FT. BACK FILL WITH CLEAN FILL HAD 8" STEEL CASING, 1/25 WALL CASING PARTIAL DETERIORATED NO LOG RECORD CLEAN UP SITE 2 FT FILL OVER HOLE + LEVEL OFF KEPT DISTURBANCE TO A VERY MINIMUM - IT MAY BE FUTURE FOREST SERVICE SITE, CEMENT FROM 22 FT UP TO 2 FT.				
N36-01-042				
W115-29-923				
NAD 27				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

Inches	Feet	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

Placement Method:  Pumped  
 Poured

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

**DCNR/DWR  
 RECEIVED  
 JUL 31 2007  
 LAS VEGAS OFFICE**

Date started 07-25-07, 20 \_\_\_\_\_  
 Date completed 07-27-07, 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 \_\_\_\_\_ 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 VERNON H. DIMICK  
 Contractor  
 Address 5360 N. BONITA VISTA ST  
 Contractor  
LV. NV. 89149  
 Nevada contractor's license number issued by the State Contractor's Board 10062  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552  
 Signed VH Dimick  
 By driller performing actual drilling on site or contractor  
 Date 07-31-07