



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 1725

PRINT OR TYPE ONLY

1. OWNER IKE KRAPPENBAUER ADDRESS AT WELL LOCATION 8812 HAVEN
 MAILING ADDRESS _____
 2. LOCATION 1/4 SW 1/4 Sec 16 T. 22 N/S R. 61 E CLARK County
 PERMIT NO. _____ Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>lmt. Gravel w/ streak of clay</u>		<u>200</u>	<u>350</u>	<u>150</u>
<u>Deepen well from 200 to 350</u>				
<u>Run C39 to 320</u>				
<u>(DIO C39 Parted and fell down hole)</u>				

8. WELL CONSTRUCTION
 Diameter hole 7 7/8 inches Total depth 380 feet
 Casing record _____
 Weight per foot _____ Thickness 1.56

Diameter	From	To
<u>6 5/8</u> inches	<u>0</u> feet	<u>320</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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9. WATER LEVEL
 Static water level 154 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 2-9- 1985
 Date completed 2-7- 1985

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Lee R. Thomas Contractor
 Address 5965 N. MAVERICK L.V. Contractor
 Nevada contractor's license number 10831
 Nevada contractor's drillers number 623
 Nevada driller's license number 623 Actual Driller
 Signed Lee R. Thomas Contractor
 Date 3-25-85

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours