

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT 10/1/87

1. OWNER Mr Brock ADDRESS AT WELL LOCATION 3515 Grand Ave
MAILING ADDRESS _____
2. LOCATION SE NE 12 1/4 Sec. 4 T. 14 N/S R. 30 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>Unconsolidated</u>		<u>0</u>	<u>25</u>	<u>25</u>
<u>1st water</u>		<u>25</u>	<u>35</u>	<u>10</u>
<u>2nd sand</u>		<u>35</u>	<u>50</u>	<u>15</u>
<u>Yellow clay</u>		<u>50</u>	<u>65</u>	<u>15</u>
<u>(Purple clay)</u>		<u>65</u>	<u>75</u>	<u>10</u>
<u>3rd water</u>		<u>75</u>	<u>105</u>	<u>30</u>
<u>4th sand</u>		<u>105</u>	<u>110</u>	<u>5</u>
<u>5th sand</u>		<u>110</u>	<u>115</u>	<u>5</u>

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 115 feet
Casing record _____
Weight per foot _____ Thickness _____
Diameter From To
8 inches 0 feet 115 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Leadex Mix
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet
Perforations:
Type perforation 1 1/2 inch
Size perforation 1/8 x 1/8 x 1/4 Round
From 113 feet to 53 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 50 feet below land surface
Flow _____ G.P.M. 20 P.S.I.
Water temperature 60 F. Quality good

Date started 8-15, 1987
Date completed 8-30, 1987

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Marion J. Jones & Co. Contractor
Address 1340 Kelly St Contractor
Nevada contractor's license number 1018884
Nevada contractor's drillers number _____
Nevada driller's license number 707 Actual Driller
Signed Marion J. Jones Contractor
Date 10-27-87

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