

OFFICE USE ONLY
 Log No. **33594**
 Permit No. **21a**
 Basin **21a**

WELL DRILLER'S REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. **3097**

1. OWNER **Circle K** ADDRESS AT WELL LOCATION **MW-2**
 MAILING ADDRESS **P.O. Box 52084** **1301 N. Eastern Ave.**
Phoenix, Arizona 85072 **Las Vegas, NV 89101**
 2. LOCATION **NE 1/4 NE 1/4 Sec. 26 T. 20 N. R. 81 E. Clark** County
 PERMIT NO. **MO 2028** Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill: A/c & Silty clay		0'	2'	2'
Silty clay		2'	7'	5'
Sandy clay		7'	20'	13'
			TD=20'	

8. WELL CONSTRUCTION
 Diameter **6** inches Total depth **20** feet
 Casing record **0'-20'**
 Weight per foot **0.70 lbs.** Thickness **Sched. 40 PVC**
 Diameter **2** inches From **0** feet To **20** feet
 Surface seal: Yes No Type **concrete grout**
 Depth of seal **3** feet
 Gravel packed: Yes No
 Gravel packed from **5.5** feet to **20** feet
 Perforations:
 Type perforation **factory-slotted screen**
 Size perforation **0.010 inch**
 From **10** feet to **20** feet

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 Branch Office Las Vegas, NV

9. WATER LEVEL
 Static water level **15.60** feet below land surface
 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 **Don Wilcox / Converse Consultants** Contractor
 Address **4670 S. Polaris Ave, Las Vegas, NV 89103** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **.....**
 Nevada contractor's driller's number issued by the Division of Water Resources **.....**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1589**
 Signed **Don Wilcox**
 By driller performing actual drilling on site or contractor
 Date **1-18-90**

Date started **1-3**, 19 **90**
 Date completed **1-3**, 19 **90**

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