

Log No. **36905**
Permit No. **210**
Basin **210**

WELL DRILLER'S REPORT

Please complete this form in its entirety.

NOTICE OF INTENT NO. **8559**

PRINT OR TYPE ONLY

ADDRESS AT WELL LOCATION

1. OWNER **Magic Wand**

MAILING ADDRESS **1100 E CATTON AV**

N LAS VEGAS NV 89030

2. LOCATION **NW 1/4 SE 1/4 Sec 11 T 20 N R 61 E**

CLARK

County

PERMIT NO. **MO-2038**

Issued by Water Resources

Parcel No.

Subdivision Name

3. TYPE OF WORK

New Well Recondition
Deepen Other

4. Domestic
Municipal

PROPOSED USE
Irrigation
Industrial

40W/70R/W
Test
Stock

5. TYPE WELL
Cable Rotary
Other

6. LITHOLOGIC LOG

Material Water Strata From To Thick-ness

Material	Water Strata	From	To	Thick-ness
FILL		0	5'	5'
SILTY SAND		5'	14'	9'
CALICHE		14'	15'	1'
SILTY CLAY		15'	19'	4'
CALICHE		19'	20'	1'
SILTY CLAY		20'	26'	6'
CALICHE		26'	28'	2'
SILTY CLAY		28'	55'	27'

8. WELL CONSTRUCTION
Diameter **2** inches Total depth **55** feet

Casing record **BLANK 0-35', GREEN 35-55'**
Weight per foot..... Thickness.....
Diameter From To

Surface seal: Yes No Type **NEAT CEMENT**
Depth of seal **28'** feet
Gravel packed: Yes No
Gravel packed from **28** feet to **55** feet

Performations:
Type perforation.....
Size perforation.....

From..... feet to..... feet
From..... feet to..... feet
From..... feet to..... feet
From..... feet to..... feet
From..... feet to..... feet

9. WATER LEVEL

Static water level..... 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 WILSON** Contractor
Address **4670 BAVERS LN 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 Wilson** By driller performing actual drilling on site or contractor

Date started **OCT 18** 19**90**
Date completed **OCT 18** 19**90**

7. WELL TEST DATA

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

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