

14 Book

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

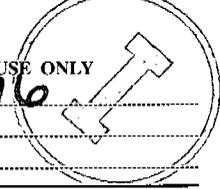
STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 40376

Permit No. _____

Basin. 212



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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. 11573

1. OWNER HANDLING LAWSON ASSOC. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2300 PASO DEL PASO 4401 W SAHARA
A212 LV, NV 89102

2. LOCATION NE 1/4 NW 1/4 Sec 7 T 21 N 61 E CLARK County _____
 PERMIT NO. M0-2233 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 RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clays		0	10	
Clay w cement				
Caliche		10	14	
Clay w some fine sand		14	25	

Holes was
 abandoned
 w/ cement
 (Grout) From
 TOP TO Bottom

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased NA Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 25 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NA</u>				

Perforations:
 Type perforation NA
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 25 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED

MAR 02 1993

Div. of Water Resources
 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level 19 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2-3 1993
 Date completed 2-3 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Webster Environmental Contractor
 Address 4301 S. VALLEY VIEW Contractor
LV NV 89103

Nevada contractor's license number _____
 issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1487

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 2-25-93

