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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. 23717

1. OWNER Fitzgerald Estate MW-14 ADDRESS AT WELL LOCATION Fitzgerald Estate  
 MAILING ADDRESS c/o Converse Consultants 10th St. Between Ogden & Stewa  
4670 S. POLARIS AVE, LAS VEGAS LAS VEGAS, NEVADA  
 2. LOCATION SE 1/4 NE 1/4 Sec. 34 T. 20 N. 61 E Clark. County  
 PERMIT NO. MO-2101 & MO-2082 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>* 7 WELLS TOTAL</i>				
MW-12	=	Intent	#	8253
MW-14	=	"	#	8256
MW-15	=	"	#	8257
MW-16	=	"	#	8440
MW-17	=	"	#	8441
MW-18	=	"	#	8442
MW-20	=	"	#	8444

*- ALL casing Pulled & HOLES SEALED w/ 10 SACK SLURRY!*

*- ALL WELLS 25ft in Depth*

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

RECEIVED  
 APR 02 1993

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

Date started 3-23, 1993  
 Date completed 3-24, 1993

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface  
 Artesian 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 S. POLARIS AVE  
LAS VEGAS, 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 M1589  
 Signed Ron Wilson  
 By driller performing actual drilling on site or contractor  
 Date 3-29-93