

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. **13049**

1. OWNER/CHARLIE BROWN CONSTRUCTION, INC.
MAILING ADDRESS: **501 W. COLTON AVENUE**
NORTH LAS VEGAS, NV 89030
ADDRESS AT WELL LOCATION: **501 W. COLTON AVE.**
NORTH LAS VEGAS, NV 89030
2. LOCATION **SE 1/4 SW 1/4 Sec. 11 T. 20. N. 39-11-402-001** N. 39-11-402-001
PERMIT NO. **MO-2432** Parcel No. **139-11-402-001** County
Issued by Water Resources Subdivision Name **CLARK**

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
4. Domestic Municipal/Industrial
 Irrigation Test Stock
 Monitor Rotary RVC
 Air Other **AUGER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SILTY SAND w/ GRAVEL		0	6	6'
SAND-SILT-CLAY MIXTURE		6	14	8'
SILTY CLAY		14	20	6'
SILTY CLAY w/ GRAVEL		20	25	5'
SILTY CLAY		25	50	25'
SILTY CLAY w/ GRAVEL		50	70	20'

8. WELL CONSTRUCTION
Depth Drilled: **70** Feet
HOLE DIAMETER (BIT SIZE)
From **8** Inches To **70** Feet
Inches **0** Feet **70** Feet
Inches **0** Feet **70** Feet
Inches **0** Feet **70** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	70

Perforations:
Type perforation **FACTORY SLOT**
Size perforation **0.020** feet to **70** feet
From **30** feet to **70** feet

Surface Seal: Yes No Seal Type:
Depth of Seal **0'-25"**, **25'-27"** feet Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From **27** feet to **70** feet

9. WATER LEVEL
Static water level **51.19** 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 **THOMAS HT 6H** Contractor
Address **4670 SO. POLARIS AVENUE**
LAS VEGAS, NV 89103 Contractor
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-1869**



7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____
Date started **APRIL 20**, 19**94**
Date completed **APRIL 20**, 19**94**