

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. **12559**

1. OWNER: **HLA**  
 MAILING ADDRESS: **4170 S. Paradise Ave. #11**  
 2. LOCATION: **SE 1/4 Sec 8, T. 21, N. 30 R. 61 E. Clark** County  
 PERMIT NO. **NO. 2539** 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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	8	
caliche		8	12	
Clay w/ some fines		12	25	
Hole was abandoned with cement grout from bottom to the top				

8. WELL CONSTRUCTION  
 Depth Drilled **25** Feet Depth Cased **N/A** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **0** to **25**  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>N/A</b>				

Perforations:  
 Type perforation **N/A**  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **25** \_\_\_\_\_  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  
 Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **17** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **2-24**, 19 **94**  
 Date completed **2-24**, 19 **94**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
<b>RECEIVED</b>			
<b>APR 18 1994</b>			
Div. of Water Resources Branch Office - Las Vegas, NV			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Wendy Environmental**  
 Address **430 S. Valley View #2 (Las Vegas), NV 89105**  
 Nevada contractor's license number **0035639** issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1910**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_