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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. 14045

1. OWNER SECON ADDRESS AT WELL LOCATION 1600 N. DELTA
 MAILING ADDRESS 3021 S. VANCEVIEW
LD NO 89103
 2. LOCATION SW 1/4 SW 1/4 Sec. 19 T. 20 N. R. 61 E. CLARK County
 PERMIT NO. MD-2404A 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 4060

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>CLAY</u>		<u>0</u>	<u>3</u>	
<u>CLAY</u>		<u>3</u>	<u>12</u>	
<u>CLAY</u>		<u>12</u>	<u>15</u>	
<u>CLAY</u>		<u>15</u>	<u>19</u>	
<u>CLAY</u>		<u>19</u>	<u>35</u>	

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
7 Inches 0 Feet 35 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1.5</u>	<u>PJC</u>	<u>SC140</u>	<u>0</u>	<u>33</u>

Perforations:
 Type perforation SLOTTED SCREEN
 Size perforation .020
 From 33 feet to 35 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 30 Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 33 feet to 35 feet

9. WATER LEVEL
 Static water level 1.7 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 Wesley Swartzman Contractor
 Address 4301 S. VANCEVIEW Contractor
LD NO 89103
 Nevada contractor's license number issued by the State Contractor's Board 0035639
 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 _____

Date started 8-5 19 94
 Date completed 8-5 19 94

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			

RECEIVED

NOV 01 1994

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

only one well drilled