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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. **16589**

1. OWNER **Pauline Murphy** ADDRESS AT WELL LOCATION **Henson - Pyle**  
 MAILING ADDRESS **Las Vegas Nev.** **4080 W PYLE AVE**  
 2. LOCATION **SE 1/4 ME 1/4 Sec. 30 T 22 N/S R. 61 E CLARK** County  
 PERMIT NO. **197-30-604-022** 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	Thickness
		<del>0</del>	<del>75</del>	
		<del>75</del>	<del>350</del>	
		<del>350</del>	<del>407</del>	
Sand Gravel Boulder		0	75	
Red Sand Stone		75	125	
Orange Quartz		125	325	
Sand Gravel Boulder		325	350	
Red Sand Stone		350	407	

8. WELL CONSTRUCTION  
 Depth Drilled **407** Feet Depth Cased **405** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **407** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6</b>		<b>PVC</b>	<b>+2</b>	<b>405</b>
<b>8 9/16</b>		<b>1 1/2</b>	<b>+2</b>	<b>5</b>

Perforations:  
 Type perforation **Saw**  
 Size perforation **1 1/2**  
 From **405** feet to **340** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From **50** feet to **405** feet

9. WATER LEVEL  
 Static water level **140** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **60.0** °F Quality **Good**

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

Name **Redding Drilling** Contractor  
 Address **8170 S HAVEN** Contractor  
**NV NV 89123**  
 Nevada contractor's license number **59135**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1798**  
 Signed **Phyllis G. [Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **4-21-99**

Date started **4-8-99**  
 Date completed **4-16-99**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>30</b>		<b>30 min</b>

