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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. **1948**

1. OWNER **Standard Wholesale Supply** ADDRESS AT WELL LOCATION: **855 W. Bonanza**
 MAILING ADDRESS **855 W. Bonanza** **LV, NV 89106**
 2. LOCATION **SE 1/4 SE 1/4 Sec. 28 T. 20 N/S R. 61 E. Clark** County
 PERMIT NO. **130-28-801-007** 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
asphalt		0	.33	.33
clay		.33	8	7.66
caliche		8	9	1
clay		9	9.5	1.5
caliche		9.5	10.5	1
sandy clay		10.5	11.5	1
caliche		11.5	13.5	2
sandy clay		13.5	26	12.5
(MW-1)				

8. WELL CONSTRUCTION
 Depth Drilled **26** Feet Depth Cased **21** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **26** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2			0	21

Perforations:
 Type perforation **slotted**
 Size perforation **0.010**
 From **5.4** feet to **22.0** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **1.0** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **2.5** feet to **26** feet

9. WATER LEVEL
 Static water level: **10.3** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water temperature: _____ °F Quality _____

Date started **5-7**, 19**99**
 Date completed **5-7**, 19**99**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name _____ Contractor
 Address _____ 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: _____
 Signed _____
 Date _____

