

WHITE—DIVISION OF WATER RESOURCES  
CANARY—CLIENT'S COPY  
PINK—WELL DRILLER'S COPY

STATE OF NEVADA  
DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
Log No. 41206  
Permit No. \_\_\_\_\_  
Basin \_\_\_\_\_

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. \_\_\_\_\_

1. OWNER City View Partnership ADDRESS AT WELL LOCATION \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

2. LOCATION 1/4 1/4 Sec. T \_\_\_\_\_ N/S R. \_\_\_\_\_ E. \_\_\_\_\_ County \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ 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	Thickness
Fractured cemented congl. fractured cemented congl. partially cemented gravel	X  X	757 758 780 781 790	758 780 781 790 800	1 22 1 9 10

8. WELL CONSTRUCTION  
Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)  
From \_\_\_\_\_ To \_\_\_\_\_  
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)

Perforations:  
Type perforation \_\_\_\_\_  
Size perforation \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal \_\_\_\_\_  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
Static water level \_\_\_\_\_ 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 \_\_\_\_\_ 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 Donald Bell  
By driller performing actual drilling on site or contractor  
Date \_\_\_\_\_

RECEIVED  
APR 15 1993  
Div. of Water Resources  
Branch Office - Las Vegas, NV

Date started \_\_\_\_\_, 19 \_\_\_\_\_  
Date completed \_\_\_\_\_, 19 \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)