

Log No. 62238

Permit No. _____
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 133.9

PRINT OR TYPE ONLY

1. OWNER Art Forester ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION S 1/2 1/4 SE 1/4 16 T 21 S N/S R 54 E N42 County _____
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand gravel		0		
& Boulders			130	130
Red clay		130	140	20
Cemented gravel		140	170	30
Loose gravel & Rock	X	170	170	0
		170	175	5

8. WELL CONSTRUCTION
 Diameter hole 12 1/4 inches Total depth 175 feet
 Casing record 8 3/8 x 175
 Weight per foot 14.56 Thickness 15.6
 Diameter 8 3/8 inches From 0 feet To 175 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 5.5 feet
 Gravel packed: Yes No
 Gravel packed from 5.5 feet to 175 feet
 Perforations:
 Type perforation Torch
 Size perforation 1/8 x 6" 3 Rows
 From 135 feet to 175 feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 8-30 1984
 Date completed 9-10 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Custom Drilling Inc Contractor
 Address 4425 Stacey Ave. N. Contractor
 Nevada contractor's license number 19219
 Nevada contractor's drillers number _____
 Nevada driller's license number 1081 Actual Driller
 Signed [Signature] Contractor
 Date 9-30-84

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours