

OFFICE USE ONLY
 Log No. **69358**
 Permit No. _____
 Basin. **212**

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. **17115**

1. OWNER **Ames Court** ADDRESS AT WELL LOCATION **In A Channel**
 MAILING ADDRESS **between Redoubt**
and Pecos
 2. LOCATION **SW 1/4 S Sec. 19 T. 21 N. R. 62 E. Clark** County
 PERMIT NO. **DW 1076** Issued by Water Resources **140-30-100-001** Parcel No. **DWR 62** E. **Clark** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE **DWTR**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Muck		0	8	
Silty sand w/ clay		8	18	
Fine sand w/ s.s.		18	22	
Clay w/ silty sand		22	29	
Collected gravel w/ f.s. sand		29	33	
Clay w/ s.s.		33	37	
Clay		37	39	

8. WELL CONSTRUCTION
 Depth Drilled **37** Feet Depth Cased **39** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches **0** Feet **39** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	5/16	40	0 39

Perforations:
 Type perforation **Spot**
 Size perforation **.003**
 From **0** feet to **39** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **0** feet to **39** feet

9. WATER LEVEL
 Static water level **8 1/2** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °F Quality **good**

Date started **8-12-97**
 Date completed **12-4-97**

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Cole Lane** Contractor
 Address **1906 Thunder Ridge Henderson NV**
 Nevada contractor's license number **31246**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1968**
 Signed **[Signature]**
 Date **12-8-97**