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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. **16563**

1. OWNER **TAB** ADDRESS AT WELL LOCATION **3617 NE 5th @ FRANK**  
 MAILING ADDRESS **NLV NV**  
 2. LOCATION **NE 1/4 NE 1/4 Sec. 8 T. 21 N. 62 E. CLARK** County  
 PERMIT NO. **DW 1090** Issued by Water Resources **1161** Parcel No. **28-501-005** Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Dirt Sand		0	10	10
Med Sand		10	16	6
Sand + gravel		16	20	4
Gravel		20	23	3
Coarse Sand		23	28	5
Med Sand		28	32	4
Sandy clay		32	40	8

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches **0** Feet **40** Feet  
 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)
<b>8</b>	<b>POC</b>	<b>5/8</b>	<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **Sbt**  
 Size perforation **003**  
 From **10** feet to **40** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From **0** feet to **40** feet

9. WATER LEVEL  
 Static water level **10** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cool** °F Quality **good**

Date started **8-11** 19**88**  
 Date completed **8-11** 19**88**

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 **GOX** Contractor  
 Address **360 G. ...**  
 Nevada contractor's license number issued by the State Contractor's Board **31246**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1985**  
 Signed **[Signature]**  
 Date \_\_\_\_\_

