

OFFICE USE ONLY
 Log No. **72466**
 Permit No. **212**
 Basin **212**

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **16563**

1. OWNER **Tab** ADDRESS AT WELL LOCATION **16563 Nellis**
 MAILING ADDRESS **3657 N 5th**
 2. LOCATION **NE 1/4 NE 1/4 Sec 8 T21 N SR 62 E CNT** County
 PERMIT NO. **DW 1092** Issued by Water Resources Parcel No. **161-08-501-095** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE **dewater** WELL TYPE
 Domestic Irrigation Test Cable Rotary RY
 Municipal/Industrial Monitor Stock Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Dusty Sand		0	8	8
Med Sand		8	16	8
Caliche		16	18	2
Med Sand gravel		18	24	6
Sandy CLAYS		24	36	12
Med Sands		36	40	4

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

Perforations:
 Type perforation **5/8**
 Size perforation **1 1/2**
 From **10** feet to **20** 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 **40** feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **8** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **60** °F Quality **Good**

Date started **8-10** 19**88**
 Date completed **8-10** 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 **GDC** Contractor
 Address **560 E Smith Ave** Contractor
Ontario 97261
 Nevada contractor's license number issued by the State Contractor's Board **3246**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1985**
 Signed **[Signature]**
 By driller performing actual drilling on site of contractor
 Date _____

