

OFFICE USE ONLY  
 Log No. **72685**  
 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. **165609**

1. OWNER **Tab Contractors** ADDRESS AT WELL LOCATION **Nelso**  
 MAILING ADDRESS **3917 N 5th Sahara**

2. LOCATION **1/4 E 7 Sec 8 T22 N 2 E Clark** County  
 PERMIT NO. **161-08-551-005** Parcel No. **DW 1092** Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sandy Dirt		0	3	3
Sand - Fine		3	8	5
Sand + gravel		8	13	5
Sands w/ CLAYS		13	27	14
Caliche		27	30	3

8. WELL CONSTRUCTION  
 Depth Drilled **30** Feet Depth Cased **90** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **30** 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>PVC</b>	<b>SH 40</b>	<b>0</b>	<b>90</b>

Perforations:  
 Type perforation **Slot**  
 Size perforation **.032**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **10** feet to **30** 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  
 Poured

Gravel Packed:  Yes  No **40**  
 From **9** feet to **40** 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 **9-19-98**, 19\_\_\_\_\_  
 Date completed **9-19-98**, 19\_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **COOL** Contractor  
 Address **5360 E. Mainhead Ontario CA** Contractor  
 Nevada contractor's license number **312546** issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources the on-site driller **M19068**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **9-30-98**