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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. **16569**

1. OWNER **Tab Contractors** ADDRESS AT WELL LOCATION **162 Ballmar**  
 MAILING ADDRESS **3617 N 5th** **LU NV**

2. LOCATION **NE 1/4 NE 1/4 Sec 8 T 21 N 32 E Clark** County  
 PERMIT NO. **NV 1092** Parcel No. **161-05-510-002** 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
Fill Dirt		0	2	2
Sandy clay		2	14	12
Coarse sand w/ med gravel		14	18	4
Sandy clays		18	40	22

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet

HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **40** Feet  
 From **0** Feet To **40** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>5</b>	<b>PVC</b>	<b>Sch 40</b>	<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **Slot**  
 Size perforation **.003**  
 From **10** feet to **40** feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No **40** feet to **40** feet

9. WATER LEVEL  
 Static water level **12** feet below land surface  
 Artesian flow **Good** G.P.M. P.S.I.  
 Water temperature **cool** °F Quality **Good**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Coly** Contractor  
 Address **536 E Midland** Contractor  
**QUANIO**

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 1968**  
 Signed **[Signature]** By driller performing actual drilling on site or contractor.  
 Date **8-31-98**

Date started **8-31-98** 19  
 Date completed **8-31-98** 19

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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