

Log No. **72698**
 Permit No. _____
 Basin. **212**

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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 **On Frank N B Salinas**
 MAILING ADDRESS **3417 N 5th LU NV 89030**

2. LOCATION **NE 1/4 NE 1/4 Sec. 8 T. 21 N. R. 62 E. Clark** County
 PERMIT NO. **RW 1092** Issued by Water Resources Parcel No. **161-28-561-005** 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 **Slot**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fill Dirt		0	2	2
Sand		0	12	10
Coarse Sand + gravel		12	18	6
AS Sand w/ clay lime		18	36	18
Coarse Sand + gravel		36	40	4

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

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	90L	sch 40	0	40

Perforations:
 Type perforation **slot**
 Size perforation **203**
 From _____ feet to _____ feet
 From **10** feet to **40** 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

Depth of Seal _____
 Placement Method: Pumped Poured
 Poured

Gravel Packed: Yes No
 From **0** feet to **40** feet

Date started **8-27-98**, 19____
 Date completed **8-27**, 19____

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			

9. WATER LEVEL
 Static water level **12** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **68.1** °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 **GDL**
 Address **536 E. W. Withland Ontario CA**
 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 **9-5-98**