

OFFICE USE ONLY
 Log No. 74025
 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. 16569

1. OWNER Tab Contractors ADDRESS AT WELL LOCATION on FRANK
 MAILING ADDRESS 3017 N 5th NEW WYOMING

2. LOCATION 1/4 E 1/2 Sec 5 T. 21 N. R. 02 E. Clark County
 PERMIT NO. DW 1028A 16-05-640-273 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Fill Sand gravel</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Sand & clays</u>				
<u>Dirty Sand</u>		<u>2</u>	<u>6</u>	<u>4</u>
<u>Fine-Med Sand w/ clays</u>		<u>6</u>	<u>28</u>	<u>22</u>
<u>Clay w/ sand lenses</u>		<u>28</u>	<u>38</u>	<u>10</u>
<u>Fine silty sand</u>		<u>38</u>	<u>40</u>	<u>2</u>

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

CASING SCHEDULE

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

Perforations:
 Type perforation slot
 Size perforation .023
 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
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 40 feet

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

Date started 10-7-98 19____
 Date completed 10-7-98 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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name GOC Contractor
 Address 536 E Maitland Contractor
Outario A
 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 M1968
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 10-25-98