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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

Log No. **75491**  
 Permit No. \_\_\_\_\_  
 Basin. **212**

1. OWNER **Centri Constr.** ADDRESS AT WELL LOCATION **W. of Nellis**  
 MAILING ADDRESS **LU NV**

NOTICE OF INTENT NO. **6570**

2. LOCATION **N 1/4 NE 1/4 Sec. 17 T. 26 N. R. 62 E. Clark** County  
 PERMIT NO. **DW1111** Issued by Water Resources Parcel No. **161-08-810-062** Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	3	
sand		3	7	
Sandy Clay		7	23	
Silty sandy Clays		23	40	

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **40** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8</b>	<b>PUC</b>	<b>Sch 40</b>	<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **stat**  
 Size perforation **.032**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **10** feet to **40** 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  
 Gravel Packed:  Yes  No  
 From **0** 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 **71** °F Quality \_\_\_\_\_

Date started **5-26**, 19**99**  
 Date completed **5-26**, 19**99**

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 **536 E. Mitchell** Contractor  
**Quinn's**  
 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 **11968**  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **6-4-99**