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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. **1654**

1. OWNER **TAB Contractors** ADDRESS AT WELL LOCATION **On FRANK N. Colo**  
 MAILING ADDRESS **N/K NV**  
 2. LOCATION **SW 1/4 S 1/4 Sec. 19 T. 20 N. R. 62 E Clark** County  
 PERMIT NO. **DW10925** Issued by Water Resources Parcel No. **161-05-201-004** 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 **BKT**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<b>Pull casing</b>				
<b>Clean to 10'</b>				
<b>Cap w/ concrete</b>				

8. WELL CONSTRUCTION  
 Depth Drilled **30** Feet Depth Cased **30** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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>PUC</b>	<b>5/16</b>	<b>90</b>	<b>0</b>

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **10**  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From **10** feet to **30** feet

9. WATER LEVEL  
 Static water level **72** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **60** °F Quality \_\_\_\_\_

Date started **2-15**, 19\_\_\_\_  
 Date completed **2-15**, 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 **GDC** Contractor  
 Address **536 E. Midland Ontario CA** Contractor  
 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]**  
 Date **3-15**

