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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. **16565**

1. OWNER **TAB** ADDRESS AT WELL LOCATION **In Clark County from Chston to Stewart**  
 MAILING ADDRESS **317 N 5th**  
 2. LOCATION **SW 1/4 S 17 Sec 19 T 20 R 62 E Clark** County  
 PERMIT NO. **DW1092B** Issued by Water Resources Parcel No. **140-39-096-002** Subdivision Name \_\_\_\_\_

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>3 Pull Casings</b>				
<b>clean to 10'</b>				
<b>cap w/ concrete</b>				

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ 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>PVC</b>	<b>5/16 40</b>	<b>0</b>	<b>30</b>

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

Date started **4-20** 19**79**  
 Date completed **4-20** 19**79**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **12** °F Quality \_\_\_\_\_  
 10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **CDC** Contractor  
 Address **536 E Midland Ontario CA** Contractor  
 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 \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **5-11**