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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 LV area from Owens to Lamb**  
 MAILING ADDRESS **3617 N 5th**  
 2. LOCATION **SW 1/4 S 1/4 Sec 19 T 20 N 32 R 02 E Clark** County  
 PERMIT NO. **DW1092 B** Issued by Water Resources Parcel No. **140-32-896-002** 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
<b>Poll casing</b>				
<b>clean to 10'</b>				
<b>cap w/</b>				
<b>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>PUC</b>	<b>5/16</b>	<b>0</b>	<b>30</b>

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

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal **10'**  
 Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From **10'** feet to **30'** feet

Date started **4-20**, 19**99**  
 Date completed **4-20**, 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			

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **13** °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 **Carl**  
 Address **536 E. Mitland**  
 Nevada contractor's license number **3246**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M1968**  
 Signed **[Signature]**  
 Date **5-16-99**