

OFFICE USE ONLY  
 Log No. 76016  
 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. 16565

1. OWNER TAB ADDRESS AT WELL LOCATION In Clark  
 MAILING ADDRESS 317 N 5th from Chston to Stewart  
 2. LOCATION SW 1/4 Sec 19 T 20 N R 62 E Clark County  
 PERMIT NO. DW102B Issued by Water Resources Parcel No. 140-32-096-002 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
<u>Put casing</u>				
<u>clean to 10'</u>				
<u>cap w/</u>				
<u>concrete</u>				

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)
<u>8</u>	<u>PVC</u>	<u>5/8 40</u>	<u>0</u>	<u>30</u>

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 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 \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 12 °F Quality \_\_\_\_\_

Date started 4-20 1999  
 Date completed 4-20 1999

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)	

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 Contractor  
Ontario CA  
 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