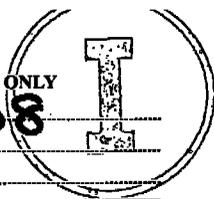


Log No. **76158**  
 Permit No. \_\_\_\_\_  
 Basin **212**



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. **32249**

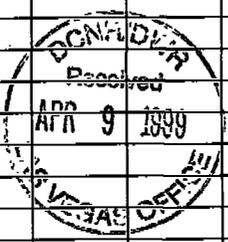
1. OWNER **TAB** ADDRESS AT WELL LOCATION **In LU WASH**  
 MAILING ADDRESS **3617 N 5th** **S. Bannock**  
 2. LOCATION **56 1/4 S 1/4 Sec. 15 T. 20 N. R. 62 E Clark** County  
 PERMIT NODW **1092 B** Issued by Water Resources Parcel No. **140-39-016-001** Subdivision Name

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 **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Dirt + sand		0	3	
Sand + gravel		3	6	3
Sandy clay		6	13	7
Clay (silty) w/ sand		13	30	17

Driller  
**ED DAVIDSON**



8. WELL CONSTRUCTION  
 Depth Drilled **30** Feet Depth Cased **30** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **30** 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</b>	<b>0</b>	<b>30</b>

Perforations:  
 Type perforation **Stat**  
 Size perforation **.032**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **10** feet to **30** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From **0** feet to **30** feet

9. WATER LEVEL  
 Static water level **6** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cool** °F Quality **Good**

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 **530 E. Main Hand** Contractor  
**Ontario CA**  
 Nevada contractor's license number issued by the State Contractor's Board **M1968, A**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **0031246**  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **4-1-99**

Date started **3-9-99**, 19\_\_\_\_  
 Date completed **3-9-99**, 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			