



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. 16557

1. OWNER Darby Meagle ADDRESS AT WELL LOCATION Stephens
 MAILING ADDRESS LL NV
 2. LOCATION 1/4 P. 15 1/4 Sec. 10 T. 36 N. R. 62 E. Clark County
 PERMIT NO. 16-108 Issued by Water Resources Parcel No. 16-10-407-053 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 RET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Dirty sand</u>		<u>0</u>	<u>8</u>	
<u>Med sand</u>		<u>8</u>	<u>13</u>	
<u>Sandy clay</u>		<u>13</u>	<u>30</u>	

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
24 Inches From 0 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)
<u>8</u>	<u>POC</u>	<u>5/16</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation 5/16
 Size perforation 1/2
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 8 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °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 GDC Contractor
 Address _____ Contractor
 Nevada contractor's license number 91761
 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 _____
 By driller performing actual drilling on site or contractor
 Date 11-9

Date started 11-4 19____
 Date completed 11-4 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			

