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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. 16559

1. OWNER Darby ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION 1/4 Sec. 15, 1/4 Sec. 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 County _____
 PERMIT NO. DW1108 Issued by Water Resources Parcel No. 16-10-409-003 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>3</u>	
<u>Caliche gravel</u>		<u>3</u>	<u>7</u>	
<u>Med sand</u>		<u>7</u>	<u>15</u>	
<u>Clay</u>		<u>15</u>	<u>30</u>	

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
 _____ 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>Sch 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation Slot
 Size perforation .030
 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
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 30 feet

9. WATER LEVEL
 Static water level 9 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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			

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 _____
 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 M1968
 Signed _____
 Date 11-9