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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. 16562

1. OWNER Contri ADDRESS AT WELL LOCATION On based bent  
 MAILING ADDRESS LU NV W. of Rebel Rd

2. LOCATION 1/4 26 T. 21 N. 62 E. Clark County  
 PERMIT NO. 0W1110 Issued by Water Resources Parcel No. 161-26-202-005 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	Thick-ness
<u>Asphalt</u>				
<u>Topsoil &amp; bbbles</u>		<u>0</u>	<u>3</u>	
<u>Clay</u>		<u>3</u>	<u>15</u>	
<u>Sand &amp; gravel</u>		<u>15</u>	<u>19</u>	
<u>Clay</u>		<u>19</u>	<u>24</u>	
<u>Coarse gravel</u>		<u>24</u>	<u>27</u>	
<u>Clay</u>		<u>27</u>	<u>30</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)  
24 Inches From 0 Feet 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>6</u>	<u>PVC</u>	<u>Sub 40</u>	<u>0</u>	<u>30</u>

Perforations:  
 Type perforation slot  
 Size perforation 0.32

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 8 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 12-8, 19\_\_\_\_  
 Date completed 12-8, 1991

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 CDC Contractor  
 Address \_\_\_\_\_ Contractor  
91761-3317

Nevada contractor's license number issued by the State Contractor's Board 31746  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M196X

Signed [Signature]  
 By (driller performing actual drilling on site or contractor)  
 Date \_\_\_\_\_