

OFFICE USE ONLY
 Log No. 77652
 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. 16562

1. OWNER Contri LV NV ADDRESS AT WELL LOCATION On Broadway W. at Redel Rd.
 MAILING ADDRESS _____
 2. LOCATION $\frac{1}{4}$ Sec. 26 T. 21 N. S. R. 62 E. Clark County
 PERMIT NO. DW1110 Issued by Water Resources Parcel No. 61-26-202-095 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
<u>Topsoil</u>		<u>0</u>	<u>6</u>	
<u>clay</u>		<u>6</u>	<u>26</u>	
<u>Med sand</u>		<u>26</u>	<u>28</u>	
<u>clay</u>		<u>28</u>	<u>30</u>	

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 30
24 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>sch. 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation slot
 Size perforation .021
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ 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 _____ °F Quality _____

Date started 12-2 1999
 Date completed 12-2 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 _____ Contractor
19961-3317
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-2