

OFFICE USE ONLY
 Log No. 77966
 Permit No. 212
 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. 1562

1. OWNER Centri ADDRESS AT WELL LOCATION On B. Road
 MAILING ADDRESS L.V. NE W. 2 Station

2. LOCATION 1/4 Sec. 26 T. 21 N/S R 62 E County _____
 PERMIT NO. Dw1110 161-26-202-005 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE dewater
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other SET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>6"</u>	
<u>Fill</u>		<u>6"</u>	<u>3</u>	
<u>Sandy CLAY</u>		<u>3</u>	<u>25</u>	
<u>Sand + Grv</u>		<u>25</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>PVC</u>	<u>5/16</u>	<u>0</u>	<u>30</u>

 Perforations:
 Type perforation slot
 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
 Poured Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 30 feet



Date started 1-7-2000, 19____
 Date completed 1-7-2000, 19____

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)

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 GD Contractor
 Address 91761 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 111968
 Signed [Signature] by driller performing actual drilling on site or contractor
 Date 1-7