



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. 20310

1. OWNER Conifer Construction ADDRESS AT WELL LOCATION 26 Westwood Court
 MAILING ADDRESS 26 Westwood Court

2. LOCATION 1/4 Sec 23 T 21 N 3 R 6 E County Clark

PERMIT NO. 212 Issued by Water Resources Parcel No. 510 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. DeWater PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other SAF

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Total of 11</u>				
<u>well in this</u>				
<u>piece</u>				
<u>dry water sand</u>		<u>0</u>	<u>4</u>	
<u>sandy clays</u>		<u>4</u>	<u>15</u>	
<u>sand gravel</u>		<u>15</u>	<u>20</u>	
<u>clay</u>		<u>20</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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>21</u>	<u>sch 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation SAF
 Size perforation 0.52

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
 From 0 feet to 30 feet

9. WATER LEVEL
 Static water level 7 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 G.D.C. Contractor
 Address 5360 E. Westwood 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 1765

Signed _____
 By driller performing actual drilling on site or contractor

Date _____

Date started 1-10-0, 19____
 Date completed _____, 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			