

OFFICE USE ONLY
 Log No. 78665
 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. 20310

1. OWNER County Construction ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION 1/4 Sec 2623 T 21 N 5 R 62 E County _____

PERMIT NO. SW111C Issued by Water Resources Parcel No. _____ 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 SAFT

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Total of 11 wells in this piece				
dry dirt to sand		0	4	
sandy clays		4	15	
sand gravel		15	20	
CLAY		20	30	

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

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 30 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>11</u>	<u>sch 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation SAFT
 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 GDC Contractor
 Address 5360 E. W. 1st Street 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 111965
 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: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)