

OFFICE USE ONLY  
 Log No. 78667  
 Permit No. \_\_\_\_\_  
 Basin 21a

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 Compton Construction ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION 1/4 Sec 23 T 21 N 3 R 6 E County \_\_\_\_\_  
 PERMIT NO. 21110 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

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

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other 3/4"

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Total of 11</u>				
<u>holes in this</u>				
<u>piece</u>				
<u>dry sandstone</u>		<u>0</u>	<u>4</u>	
<u>shaly clay</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 2 1/2 Inches To 3 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>11</u>	<u>3/16</u>	<u>0</u>	<u>30</u>

Perforations:  
 Type perforation 5/8"  
 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 Pack:  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 \_\_\_\_\_

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)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name W.D.C. Contractor  
 Address 530 E. Westwood Contractor  
Clark

Nevada contractor's license number issued by the State Contractor's Board 31046  
 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 \_\_\_\_\_