

OFFICE USE ONLY  
 Log No. 78668  
 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 Conifer Construction ADDRESS AT WELL LOCATION 26 West Decatur Street  
 MAILING ADDRESS 26 West Decatur Street  
 2. LOCATION 1/4 Sec 23 T 21 N S R 62 E County Clark  
 PERMIT NO. W-1110 Issued by Water Resources 14-1-81 Parcel No. \_\_\_\_\_ 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 3/4"

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Total of 11 wells in this piece				
dry sand & gravel		0	4	
Sandy clay		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 \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	WVC	Sch 40	0	30

Perforations:  
 Type perforation 5/8"  
 Size perforation \_\_\_\_\_  
 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 \_\_\_\_\_ 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name GSC Contractor  
 Address 536 E. Westland 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 1965  
 Signed \_\_\_\_\_  
 By driller-performing actual drilling on site or contractor  
 Date 1-10-0