

PRINT OR TYPE ONLY
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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. **20312**

1. OWNER **Contri Construction** ADDRESS AT WELL LOCATION **N 22 Tropical Holly Wood**
 MAILING ADDRESS **LV NV**

2. LOCATION $\frac{1}{4}$ Sec. **23** T **21** S R **62 E** **Clark** County
 PERMIT NO. **Dwillo** Issued by Water Resources Parcel No. **161-23-281-001** 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 RYC
 Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Total of 5 wells in this parcel				
Fill asphalt		0	3	
Coarse French Drain type Gravel		3	7	
Sandy Clay		7	22	
Sandgravel		22	27	
Blue Clay		27	30	

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

HOLE DIAMETER (BIT SIZE)
 From **24** Inches **0** Feet **30** Feet
 To _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation **5/8" - 0.32**
 Size perforation _____

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
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to **30** feet

9. **5** WATER LEVEL
 Static water level: **5** 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 **Griffin Dewatering** Contractor
 Address **536 E. Millard** Contractor
Ontario CA
 Nevada contractor's license number **31246** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **M1968**
 Signed _____ By driller performing actual drilling on site or contractor
 Date **2-2-0**

Date started **1-11-2000**
 Date completed **1-11-2000**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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