

OFFICE USE ONLY  
 Log No. **79085**  
 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. **20312**

1. OWNER **Contr. Construction** ADDRESS AT WELL LOCATION **N. of Tropicana**  
 MAILING ADDRESS **LV NV 23 Hollywood**

2. LOCATION  $\frac{1}{4}$   $\frac{1}{4}$  Sec. **20 T. 21 N. R. 02 E.** County \_\_\_\_\_  
 PERMIT NO. **DW 1110** Parcel No. **161-23-301-001** Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE **Dewater**  
 Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>Total of 36 wells drilled in this Parcel</b>				
<b>Dry dirty sand</b>		<b>0</b>	<b>4</b>	
<b>Sandy clay</b>		<b>4</b>	<b>23</b>	
<b>Sand + gravel</b>		<b>23</b>	<b>27</b>	
<b>Blue clay</b>		<b>27</b>	<b>30</b>	

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)
<b>8</b>	<b>PUC</b>	<b>Sch 40</b>	<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **Slot**  
 Size perforation **.032**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 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 **0** feet to **30** feet

9. 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 Ostering** Contractor  
 Address **536 E. Mainland** Contractor  
**Orlando CA 91761**  
 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 **M 1968**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **2-2-0**

Date started **1-13** 19 **00**  
 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			