

OFFICE USE ONLY
 Log No. 80700
 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. 20331

1. OWNER Morrison Knudsen ADDRESS AT WELL LOCATION in LV Wash
 MAILING ADDRESS LV, NV

2. LOCATION 1/4 SW 1/4 Sec 29 T 21 N R 62 E Clark County
 PERMIT NO. NW 1121 Issued by Water Resources Parcel No. 160-29-361-091 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE De water WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness.
Fill Dirt		0	3	
Coarse Sand and gravel		3	13	
Coarse Sand + gravel w/ cobbles + boulders		13	20	
27 well in this parcel				
AUG 17 2007				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
 From 32 Inches To 20 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>		<u>Steel</u>	<u>0</u>	<u>20</u>

 Perforations:
 Type perforation 101
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to 20 feet

9. WATER LEVEL
 Static water level 3 feet below land surface
 Artesian flow _____ G.P.M. PSI
 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. I
 Name GDC Contractor
 Address 536 E Midland Ontario CA Contractor
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-14

Date started 8-1 19____
 Date completed 8-7 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	