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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. **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. **NSW 1121** Issued by Water Resources Parcel No. **160-29-301-001** Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE **Dewater** 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	
AUG 17 2000				

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)
<b>14</b>		<b>Steel</b>	<b>0</b>	<b>20</b>

 Perforations:  
 Type perforation ~~\_\_\_\_\_~~ **.01**  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **0** feet to **20** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 **20** feet

Date started **8-1** 19\_\_\_\_\_  
 Date completed **8-7** 19\_\_\_\_\_  
 27 well in this parcel

9. WATER LEVEL  
 Static water level **3** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:		Draw Down (Feet Below Static)		Time (Hours)
G.P.M.				
	<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. **I**  
 Name **GDC** Contractor  
 Address **536 E Whitland** Contractor  
**Ontario CA**  
 Nevada contractor's license number **31246**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the **M1968**  
 Division of Water Resources the on-site driller.  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **8-14**