

OFFICE USE ONLY
Log No. **80715**
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. **NS 1121** **160-29-361-091**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
4. PROPOSED USE **Dewater** WELL TYPE
 Domestic Irrigation Test Cable Rotary RVG
 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 2009				

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
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
14 **Steel** **0** **20**
Perforations:
Type perforation **10/1**
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:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From **0** feet to **20** feet

9. WATER LEVEL
Static water level **3** 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. **(I)**
Name **GDC** Contractor
Address **536 E Whittard 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			