

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **80717**  
 Permit No. \_\_\_\_\_  
 Basin. **212**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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 LG Wash**  
 MAILING ADDRESS **LV, NV**

2. LOCATION **1/4 SW 1/4 Sec 29 T 21 N 62 E Clark** County  
 PERMIT NO. **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 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  
 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 **101**  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ 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 \_\_\_\_\_ feet to **20** feet

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)	

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.  
 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**