

OFFICE USE ONLY  
 Log No. **30781**  
 Permit No. **212**  
 Basin **212**  
 NOTICE OF INTENT NO. **20332**

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

1. OWNER **Contri Coast** ADDRESS AT WELL LOCATION **Lucerne to Lamont**  
 MAILING ADDRESS **LU NV**

2. LOCATION  $\frac{1}{4}$  **4-5**  $\frac{1}{4}$  Sec. **4+5** T. **21** N. & R. **G2** E County  
 PERMIT NO. **DC1116** Issued by Water Resources Parcel No. **161-05-50-072** 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	Thickness
Dirt + Sand		0	4	
Sand w/ clay		4	14	
silty sand		14	24	
clay w/ silty sand		24	35	

9 levels in this parcel  
 Lucerne to Lamont

8. WELL CONSTRUCTION  
 Depth Drilled **35** Feet Depth Cased **35** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **35** Feet  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8</b>	<b>PVC</b>	<b>sch 40</b>	<b>0</b>	<b>35</b>

Perforations:  
 Type perforation **slot**  
 Size perforation **.032**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **10** feet to **35** 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 **35** feet

9. WATER LEVEL  
 Static water level **6** feet below and surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ 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**  
 Address **536 E. W. Thud**  
**Ontario CA**  
 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 **8-19**

Date started **8-25**, 19\_\_\_\_\_  
 Date completed **8-27**, 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			