

OFFICE USE ONLY  
 Log No. **80782**  
 Permit No. **212**  
 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. **20332**

1. OWNER **Contri Const** ADDRESS AT WELL LOCATION **On lot from**  
 MAILING ADDRESS **L.V. NV** **Lucerne to Mount**

2. LOCATION **4-5 1/4 Sec. 21 N 62 E** County  
 PERMIT NO. **DC 1116** Issued by Water Resources Parcel No. **161-05-510-072** 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 Mount

8. WELL CONSTRUCTION  
 Depth Drilled **35** Feet Depth Cased **35** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **35** 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>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:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 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 **I**

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **GC**  
 Address **536 E Ontario**  
 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**