

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 **LV, NV** **Lucerne to Lamoine**

2. LOCATION **1/4 4-5 1/4 Sec. 4+5** T **21** N **SRG2** E _____ County
PERMIT NO. **DC1116** 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 Lamoine				

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	5/16 40	0	35

Perforations:
Type perforation **Slot .032**
Size perforation _____
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 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** Contractor
Address **536 E. W. H. Blvd** Contractor
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: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)