

OFFICE USE ONLY
 Log No. 20787
 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. 20332

1. OWNER Contri Court ADDRESS AT WELL LOCATION On way going W. 22 Arlington to Frank
 MAILING ADDRESS L.V. NV

2. LOCATION 1/4 Sec. 4 & 5 T. 1 N. R. 62 E. Clark County _____
 PERMIT NO. SW 1116 161-05-50-074 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 RVC
 Municipal/Industrial Monitor Stock Air Other Rocket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Dirty sands</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Silty sand</u>		<u>3</u>	<u>13</u>	<u>10</u>
<u>Silty clay</u>		<u>13</u>	<u>18</u>	<u>5</u>
<u>Silty sand</u>		<u>18</u>	<u>25</u>	<u>7</u>
<u>Silty clay</u>		<u>25</u>	<u>35</u>	<u>10</u>

side wells on this parcel
Arlington to Frank on Colo.

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 35 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation Sol
 Size perforation .030
 From _____ feet to _____ feet
 From 10 feet to 35 feet
 From _____ feet to _____ 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 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-8-19
 Date completed 7-21-19

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			

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 Maitland
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: M1968

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-14-0