

OFFICE USE ONLY  
 Log No. **80794**  
 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. **26332**

1. OWNER **Contri Coast** ADDRESS AT WELL LOCATION **On Colo. going W. 2<sup>nd</sup> Arlington to Frank**  
 MAILING ADDRESS **L.L. NV**

2. LOCATION **1/4 Sec 4+5 T. 1 N(S)R 602 E Clark** County \_\_\_\_\_  
 PERMIT NO. **NW 1116** Issued by Water Resources Parcel No. **161-05-5 B-074** 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	Thick-ness
Dirty sands		0	3	3
Silty sand		3	13	10
Silty clay		13	18	5
Silty sand		18	25	7
Silty clay		25	35	10

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)
<b>8</b>	<b>PVC</b>	<b>sch 40</b>	<b>0</b>	<b>35</b>

Perforations:  
 Type perforation **slot**  
 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:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From **0** feet to **35** feet

Date started **7-8-19** 19\_\_\_\_\_  
 Date completed **7-8-21** 19\_\_\_\_\_  
**mid wells on this parcel Arlington to Frank on Colo.**

9. WATER LEVEL  
 Static water level **10** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

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 **GDC**  
 Address **536 E Maitland**  
**Contaria 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**