

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** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **L.V. NV**

2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. **4+5 T 21 N 36 E Clark** County
 PERMIT NO. **DL 1116** Issued by Water Resources **161-05-510-370 073** Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Dirt & sand		0	4	
Silty Clay		4	14	
Silty sand		14	20	
Clay w/ silty sand		20	35	
8 wells in this parcel from Arden to Lateral				

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)
8	PUC	SCW40	0	35

Perforations:
 Type perforation **Slot**
 Size perforation **0.30**

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

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From **0** feet to **35** feet

9. WATER LEVEL
 Static water level **9** feet below land surface
 Artesian flow _____ G.P.M. _____ P.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 **GDK** Contractor **Emmett**
 Address **536 E. 1st Street** Contractor **Ontario CA**
 Nevada contractor's license number **31246**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **11968**
 Division of Water Resources, the on-site driller.
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **8-14-00**

Date started **7-27** 19 _____
 Date completed **7-28** 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				