

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. **20316**
 IN **L.V. WASH**

1. OWNER **MORRISON/KNUDSON** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **ZV NV** _____
 2. LOCATION **1/4 SW 29 2E 12** COUNTY **CLARK**
 PERMIT NO. **DN 1121** Parcel No. **160-29-301-001** Subdivision Name _____
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
PULL 22				
WELL CASING				
BACK FILL w/				
WASH/RIVER				
GRAVEL				
(Flood Plans)				

8. WELL CONSTRUCTION
 Depth Drilled **20** Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From **32** Inches To **20** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ 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
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ 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 **GRIFFIN DEWATERING** Contractor
 Address **536 E. MARLINA** Contractor
ONTARIO CA. 3
 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 **ABDS-2150**
 Signed **Edward J. Law**
 By driller performing actual drilling on site or contractor
 Date **9-20-00**

Date started **9-20-2000**
 Date completed **9-20-2000**

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			

