

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. 20486

1. OWNER Bob DeWine ADDRESS AT WELL LOCATION 1600 N. Decatur
MAILING ADDRESS 10220 Greenburg 7-2 Leach Store
Rd 470 Portland OR 97223
2. LOCATION SW 1/4 SW 1/4 Sec 19 T. 20 N/S R. 61 E. M.D.B.N Clark County
PERMIT NO. 139-19-401006 Subdivision Name _____
Issued by Water Resources Parcel No. _____

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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt cap about 2"				
0-5'				
Silty sand gravel dry soil very hard		4	7	
5-10' sandy silt damp fine gravel clay				
10-15' clay silt sand wet soil				
clay		27	29	
silty clay sand ss cemented sand				
FD 37'				

8. WELL CONSTRUCTION
Depth Drilled 37 Feet Depth Cased 35 1/5 Feet
HOLE DIAMETER (BIT SIZE)
From 10" Inches To 3 1/2 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"			37	35
4"			15	5

Perforations:
Type perforation Sch 40 pvc.
Size perforation 0.20
From 37 feet to 35' feet
From 15 feet to 5' feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 34 Neat Cement
Placement Method: Pumped Poured Cement Grout Concrete Grout
Sand Gravel Packed: Yes No
From 37'-2" 15'-4" feet to 34'-2" 3'-4" feet

Date started 5/3/00 T. 19
Date completed 5/3/00 T. 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			

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 T.H.F. Drilling Contractor
Address 9431 Resenda Ave.
Fontana CA 92335 Contractor
Nevada contractor's license number 0045849 issued by the State Contractor's Board.
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-174751
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5-3-00