

81503
 OFFICE USE ONLY
 Log No. 81497
 Permit No. 212
 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 Conte Const. ADDRESS AT WELL LOCATION On Arden Ave
 MAILING ADDRESS LU NV From Colo to Charleston

2. LOCATION 1/4 Sec. 5 T. 21 N. R. 62 E County _____
 PERMIT NO. DW 1116 Parcel No. K1-64-219-000 Subdivision Name _____

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

5. WELL TYPE
 Cable Rotary RVQ
 Air Other Dricket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0	6'	
Type 2		6'	3	
Sandy Clay		3	25	
Clay		25	28	
Clay w/ Sand lenses		28	35	
Total 86 13 wells in this Parcel				

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)
<u>8</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation Slot
 Size perforation .032
 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 12 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. Main St Contractor
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 _____
 By driller performing actual drilling on site or contractor
 Date 10-31-0

Date started 10-11 19____
 Date completed 10-12 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			