

81510
OFFICE USE ONLY
Log No. 81497
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. 20332

1. OWNER Conte Const. ADDRESS AT WELL LOCATION On Arden Ave
MAILING ADDRESS LU NV From Colo to Charleston

2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. 5 T. 21 N. 62 E. County _____
PERMIT NO. W1116 161-64-219-00 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
4. Domestic PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other Drill

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 0 Feet 35 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	Sched 40	0	35

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:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
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 Giffen Downing Contractor
Address 536 E. Main St Contractor
Conte's CA
Nevada contractor's license number issued by the State Contractor's Board 31246
Nevada driller's license number issued by the Division of Water Resources (the on-site driller) 11968
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			