

OFFICE USE ONLY  
 Log No. 815154  
 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. 20329

1. OWNER Conte Const. ADDRESS AT WELL LOCATION on Lake Ave from Arlington to Frank  
 MAILING ADDRESS LU NV

2. LOCATION  $\frac{1}{4}$   $\frac{1}{4}$  Sec 4 T 21 N 62 E Clark County  
 PERMIT NO. DW 1116 Issued by Water Resources Parcel No. 161-04-219-000 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 Drill

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>vacume top 10' feet</u>				
<u>8' sand gravel</u>				
<u>cap off with</u>				
<u>10' cement grout</u>				
<u>8 wells</u>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>35</u> 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 \_\_\_\_\_

Size perforation \_\_\_\_\_

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Depth of Seal \_\_\_\_\_

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From 10 feet to 35 feet

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 11-8-00, 19\_\_\_\_  
 Date completed 11-8-00, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is the best of my knowledge.

Name Griffin DeWaring Contractor 

Address 536 E. Mitchell Contractor  
Ontario 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 M1968

Signed Griffin DeWaring  
 By driller performing actual drilling on site or contractor

Date 11-10-00

