

OFFICE USE ONLY
 Log No. 81558
 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. 20317

1. OWNER Centri Cont. ADDRESS AT WELL LOCATION Past Colo Ave
 MAILING ADDRESS LU NV To Comb Blvd

2. LOCATION 1/4 Sec 5 T 21 N/S R 62 E County _____
 PERMIT NO. DW 1116 Issued by Water Resources Parcel No. 161-05-101-008 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 Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Clay & Sand</u>		<u>0</u>	<u>8</u>	
<u>Dirty Sand</u>	<u>10</u>	<u>8</u>	<u>15</u>	
<u>Sand/clay X</u>		<u>15</u>	<u>20</u>	
<u>Consolidate Sand</u>		<u>20</u>	<u>25</u>	
<u>Mix</u>				
<u>Sand/Gravel Mix</u>		<u>25</u>	<u>35</u>	

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)
<u>4</u>	<u>PUC</u>	<u>Sch 40</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation 5/8"
 Size perforation _____
 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

DRILL 19 WELLS WITH MATERIAL SAME OR TO CENTER AT DEPTH 35' ON THIS PARCEL.



Date started 12-4 1900
 Date completed 12-5 1900

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 10 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 GT
 Address 536 E Mathand
 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 M 1965
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-5