

OFFICE USE ONLY
 Log No. 32915
 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. 20325

1. OWNER Centric Const
 MAILING ADDRESS LV NV
 ADDRESS AT WELL LOCATION On 600 from Chamberlain to Arden

2. LOCATION 5 1/2 NW 1/4 Sec 5 T. 21 N. S. R. 62 E Clark County
 PERMIT NO. DW 1116 Issued by Water Resources
16105-01-026 Parcel No. TRU 007 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	Thick-ness
<u>Pull casing</u>				
<u>17 wells to 10'</u>				
<u>Cap w/ cement grout</u>				
<u>17 wells</u>				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased _____ 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>8</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>35</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ 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 _____ feet to _____ 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 Dewstering Contractor
 Address 536 E. Midland Contractor
Ontario CA
 Nevada contractor's license number 31246
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 11968
 Division of Water Resources, the on-site driller.
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-

Date started 3-20-01, 19____
 Date completed 3-21-01, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

