

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 83930
Permit No. 54
Basin

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 45247

1. OWNER _____ ADDRESS AT WELL LOCATION _____
MAILING ADDRESS _____

2. LOCATION 1/4 Sec. T. N/S R. E. County _____
PERMIT NO. Issued by Water Resources Parcel No. 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
50% silt 40% fine sand 10% gravel fine to cobbles		131'	136'	5'
Boulder		136'	138'	2'
fine sand, med gravel, trace of cobbles		138'	144'	6'
40% silt 40% coarse sand 20% fine gravel		144'	151'	7'
70% sand 10% cobbles 20% silt		151'	154'	3'
70% sand 20% cobbles 10% silt		154'	162'	8'
50% sand 50% gravel some cobbles		162'	166'	4'

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation _____
Size perforation _____
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 _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ 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 _____ Contractor
Address _____ Contractor
Nevada contractor's license number issued by the State Contractor's Board _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____
Signed _____ By driller performing actual drilling on site or contractor
Date _____

Date started _____, 19____
Date completed _____, 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)	