

WELL DRILLER'S REPORT

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

Log No. 57489
OFFICE USE ONLY
Permit No. ~~212~~
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 21229

ADDRESS AT WELL LOCATION.....

1. OWNER Wells
MAILING ADDRESS: 9914 Ces 1001 Eureka
Management Wells AFB Mar 8919

2. LOCATION: NE 1/4 NE 1/4 Sec. 3 T. 20 N/S R. 61 E. Clark County
PERMIT NO. 123.34.8 Parcel No. 123.34.8 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other Base Well Municipal/Industrial Monitor Stock Test Well Type
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG
Material Water Strata From To Thick-ness

2 Wells drilled to
90' Sampled
and Grouted
from bellow to
Surface

8. WELL CONSTRUCTION
Depth Drilled 92 Feet HOLE DIAMETER (BIT SIZE) From To Feet
12 1/4 Inches From To Feet
Inches From To Feet
Inches From To 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
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 69 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 Water Development Corp Contractor
Address: 500 Marist Woodland CA Contractor

Date started.....19.....
Date completed.....19.....

7. WELL TEST DATA
TEST METHOD: Bailer Pump Air Lift
G.P.M. Draw Down (Feet Below Static) Time (Hours)