

OFFICE USE ONLY  
 Log No. 54987  
 Permit No. 212  
 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. 16819

1. OWNER Sundt ADDRESS AT WELL LOCATION 3. 26 Doublewood  
 MAILING ADDRESS 2950 E Flamm

2. LOCATION SW 1/4 - 1/4 Sec. 15 T. 21 N. 60. E. Clark County  
 PERMIT NO. DW 1060 Issued by Water Resources Parcel No. None Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other  
 4. PROPOSED USE dewater WELL TYPE  
 Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Municipal/Industrial  Monitor  Stock  Air  Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>6"</u>	<u>6"</u>
<u>Sandy Clay</u>		<u>6"</u>	<u>3</u>	<u>2 1/2</u>
<u>Sand &amp; gravel / clay</u>		<u>3</u>	<u>15</u>	<u>12</u>
<u>Caliche gravel</u>		<u>15</u>	<u>20</u>	<u>5</u>
<u>Gravels w/ clay</u>		<u>20</u>	<u>24</u>	<u>4</u>
		<u>24</u>	<u>40</u>	<u>16</u>

8. WELL CONSTRUCTION  
 Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
24 Inches 0 Feet 40 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>5/16</u>	<u>40</u>	<u>8</u>

Perforations:  
 Type perforation Slot  
 Size perforation \_\_\_\_\_  
 From 10 feet to 40 feet  
 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 0 feet to 40 feet

9. WATER LEVEL  
 Static water level: 15 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cool °F Quality Good

Date started 10-3, 1996  
 Date completed 10-3, 1996

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			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name GDC Contractor  
 Address 536 E. Mitchell Contractor  
Ontario  
 Nevada contractor's license number issued by the State Contractor's Board 003246  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1968  
 Signed \_\_\_\_\_  
 \_\_\_\_\_ by driller performing actual drilling on site or contractor  
 Date 10-6-96