

OFFICE USE ONLY  
 Log No. 73980  
 Permit No. \_\_\_\_\_  
 Basin 212  
 32249

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. \_\_\_\_\_

1. OWNER TAB ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3617 N 5th IN A Channel S R Owens  
NLV

2. LOCATION SW 1/4 S 1/4 Sec 19 T 20 NR 62 E Clark County \_\_\_\_\_  
 PERMIT NO. DW-1992 B 140-30-121-001  
Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Soft sand + clay</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>dirty clay</u>		<u>3</u>	<u>10</u>	<u>7</u>
<u>sand clay</u>		<u>10</u>	<u>13</u>	<u>3</u>
<u>sandy clay w/ GRAVEL</u>		<u>13</u>	<u>23</u>	<u>10</u>
<u>silty clay</u>		<u>23</u>	<u>30</u>	<u>7</u>

8. WELL CONSTRUCTION  
 Depth Drilled 30 Feet Depth Cased 30 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 24 Inches To 0 Feet 30 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>PUC</u>	<u>SE 40</u>	<u>0</u>	<u>30</u>

Perforations:  
 Type perforation slot  
 Size perforation 0.32  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 10 feet to 30 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Depth of Seal \_\_\_\_\_  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 30 feet

9. WATER LEVEL  
 Static water level 11 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality good

Date started 1-13 1999  
 Date completed 1-13 1999

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 Mainland Contractor  
Ontario CA  
 Nevada contractor's license number issued by the State Contractor's Board 31246  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 1-15-99

