

OFFICE USE ONLY
 Log No. 76014
 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. 16565

1. OWNER TAB ADDRESS AT WELL LOCATION In CV WAS 9 from Chston to Stewart
 MAILING ADDRESS 317 N 5th
 2. LOCATION SW 1/4 S 7 Sec. 19 T 20 N R 62 E Clark County
 PERMIT NO. DW1092 B Parcel No. 140-39-096-002 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
<u>3 Pull Casings</u>				
<u>clean to 10'</u>				
<u>cap w/</u>				
<u>concrete</u>				

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)
<u>8</u>	<u>PVC</u>	<u>5/8 40</u>	<u>0</u>	<u>30</u>

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 10'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 10 feet to 30 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 12 °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 CDC
 Address 536 E Midland 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 m 1968
 Signed _____
 Date 5-11

Date started 4-20 1979
 Date completed 4-20 1979

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			

