

OFFICE USE ONLY
 Log No. 76023
 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 CU WAS 9 from Chston to Stewart
 MAILING ADDRESS 3127 N 5th
 2. LOCATION SW 1/4 S 17 Sec 19 T 20 R 62 E Clark County
 PERMIT NO. DW1092B Parcel No. 140-32-096-002 Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Putt Casiney</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>PUC</u>	<u>5/16 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 10 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 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 _____

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

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 31246 issued by the State Contractor's Board
 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 5-11

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			

