



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. 32249

1. OWNER LAB ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION 1/4 Sec. T N/S R E County \_\_\_\_\_  
 PERMIT NO. DW 1092 B | 40-29-246-00  
Issued by Water Resources Parcel No. 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>Dirty sandy clay</u>			<u>5</u>	<u>5</u>
<u>Sandy clay</u>			<u>30</u>	<u>35</u>
<u>clay</u>			<u>40</u>	<u>10</u>

8. WELL CONSTRUCTION  
 Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)  
 From 24 Inches 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>#40</u>		<u>30</u>

Perforations:  
 Type perforation slt  
 Size perforation 0.32  
 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

Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Concrete Grout

Gravel Packed:  Yes  No 40 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Date started 4-14 19\_\_\_\_  
 Date completed 16 19\_\_\_\_

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 \_\_\_\_\_ Contractor  
91261-3317  
 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 M1968

Signed \_\_\_\_\_  
 By driller performing actual drilling on-site or contractor  
 Date 5-5

