

OFFICE USE ONLY
 Log No. 76195
 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. 8044

1. OWNER LAD ADDRESS AT WELL LOCATION 212 LU WASH
 MAILING ADDRESS MLV 367 N 5th S. OWENS
 2. LOCATION SW 1/4 8 Sec. 19 T. 20 1/4 S R 62 E Clark County
 PERMIT NO. 100926 10-30-01-001 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 Drill

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Dirt + Sand		0	3	3
Silty Sand + Clay		3	12	9
Silty Clay w/ Sand		12	30	28

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 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>5/16</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation SPT
 Size perforation 0.32
 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
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No 30
 From 0 feet to _____ feet

9. WATER LEVEL
 Static water level 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name GRK Contractor
 Address 536 E. Midland Contractor
On-site
 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 12066
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 3-30

Date started 3-12-99, 19____
 Date completed 3-12-99, 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			