

OFFICE USE ONLY  
 Log No. 76204  
 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. 32249

1. OWNER TAB Contractors ADDRESS AT WELL LOCATION In LV Wilson  
 MAILING ADDRESS NLU NV S. Lindhill

2. LOCATION SW 1/4 S Sec 19 T. 20 N/R 62 E Clark County \_\_\_\_\_  
 PERMIT NO. DW 1092.6 Issued by Water Resources Parcel No. 146-30-101-002 Subdivision Name \_\_\_\_\_

3. WORK PERFORMED:  New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE: dewater  Domestic  Irrigation  Test  Monitor  Stock  Municipal/Industrial

5. WELL TYPE:  Cable  Rotary  RVC  Air  Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Dirt &amp; sand</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Silty sand</u>		<u>3</u>	<u>8</u>	<u>5</u>
<u>Silty clays w/ sand</u>		<u>8</u>	<u>25</u>	<u>17</u>
<u>Sand &amp; gravel</u>		<u>25</u>	<u>27</u>	<u>2</u>
<u>Silty clays</u>		<u>27</u>	<u>30</u>	<u>3</u>

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

HOLE DIAMETER (BIT SIZE)  
 From 24 Inches To 30 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>30</u>

Perforations:  
 Type perforation slot  
 Size perforation 1/8" - 0.30"  
 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  Cement Grout  Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 30 feet

9. WATER LEVEL  
 Static water level 0 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature cool °F Quality Good

Date started 3-9-89  
 Date completed 3-7-89

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 BDC Contractor \_\_\_\_\_  
 Address 536 E. Main Street Contractor Onorio A  
 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 121968  
 Signed \_\_\_\_\_  
 Date 3-7-89