

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. **20332**

1. OWNER **Contri Coast** ADDRESS AT WELL LOCATION **On lot from**
 MAILING ADDRESS **LV, NV** **Lucerne to Lamoine**

2. LOCATION **1/4 4-5 1/4 Sec. 4+5** T **21** N **SR 62** E County
 PERMIT NO. **DC 1116** Issued by Water Resources Parcel No. **161-05-510-072** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
 4. PROPOSED USE **dewaterers** WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other **Bucket**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Dirt & Sand		0	4	
Sand w/ clay		4	14	
Silty Sand		14	24	
Clay w/ silty sand		24	35	

9 wells in this parcel Lucerne to Lamoine

8. WELL CONSTRUCTION
 Depth Drilled **35** Feet Depth Cased **35** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **35** Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	PVC	sch 40	0	35

Perforations:
 Type perforation **Slot**
 Size perforation **0.32**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From **10** feet to **35** 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
 From **0** feet to **35** feet

9. WATER LEVEL
 Static water level **6** feet below surface
 Artesian flow _____ G.P.M. _____ S.I.
 Water temperature _____ °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 **GDK** Contractor
 Address **536 E. Mainland** Contractor
Ontario CA
 Nevada contractor's license number **31246**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **M 1968**
 Division of Water Resources the on-site driller
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **8-19**

Date started **8-25**, 19____
 Date completed **8-27**, 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			