

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

81509  
 OFFICE USE ONLY  
 Log No. 81497  
 Permit No.  
 Basin 212

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 20332

1. OWNER Conti Const. ADDRESS AT WELL LOCATION On Arden Ave  
 MAILING ADDRESS LU NV From Colo to Charleston

2. LOCATION  $\frac{1}{4}$   $\frac{1}{4}$  Sec. 5 T. 21 N. 62 E County \_\_\_\_\_  
 PERMIT NO. W1116 K1-64-29-000 Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. De-water PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other Dr. Ckt

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt	0	6'		
Type 2	6'	3		
Sandy Clay	3	25		
Clay	25	28		
Clay w/ Sand lenses	28	35		
Total of 13 wells in this Parcel				

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 .032  
 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  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 35 feet

9. WATER LEVEL  
 Static water level 12 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-11 19\_\_\_\_  
 Date completed 10-12 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 Cliff Dowstaring Contractor  
 Address 536 E. Main St Contractor  
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) 11968  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or Contractor  
 Date 10-31-0