

PRINT OR TYPE ONLY
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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. 20325

1. OWNER Centric Const
MAILING ADDRESS LV NV

ADDRESS AT WELL LOCATION on 5th from Chamberlain to Arden

2. LOCATION 5/8th NW 1/4 Sec 3 T. 21 N. S. R. 2 E Clark
PERMIT NO. DW 1116 Issued by Water Resources
161-05-000-026 Parcel No. 212 Subdivision Name

County _____

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 Rocket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Pull casing</u>				
<u>JAC wells to 10'</u>				
<u>Cap w/ cement grout</u>				
<u>17 wells</u>				



8. WELL CONSTRUCTION
Depth Drilled 35 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
From 24 Inches 0 Feet 35 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 PVC</u>	<u>SKW</u>	<u>40</u>	<u>0</u>	<u>35</u>

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level: 12 feet below land surface
Artesian flow _____ G.P.M. _____ P.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 Clinton Dewarling 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 11968
Division of Water Resources, the on-site driller.
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 3-

Date started 3-20-01 19____
Date completed 3-21-01 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)