

OFFICE USE ONLY
Log No. 82925
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. 20325

1. OWNER Centric Const
MAILING ADDRESS LV NV

ADDRESS AT WELL LOCATION on 200 ft from Chamberlain to Arden

2. LOCATION 5 1/4 NW 1/4 Sec 5 T. 21 N. R. 62 E. Clark County
PERMIT NO. DW 1116 Issued by Water Resources
16105-01-026 Parcel No. TWC 007 Subdivision Name

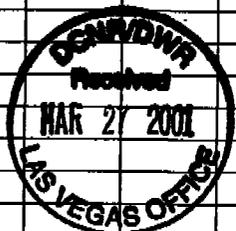
3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Pull Casing</u>				
<u>17 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>SKH</u>	<u>40</u>	<u>0</u>	<u>35</u>

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
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 Giffen Dewstering Contractor
Address 536 E. Mitchell 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 [Signature]
By driller performing actual drilling on site or contractor
Date 3-

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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