

OFFICE USE ONLY
Log No. 82922
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 Centri Const ADDRESS AT WELL LOCATION on 600 from Chamberlain to Arden
MAILING ADDRESS LV NV

2. LOCATION 5/8 NW 1/4 Sec 5 T 21 N 36 R 2 E Clark County
PERMIT NO. DW 1116 Issued by Water Resources Parcel No. 161-05-001-026 Subdivision Name TRU 007

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</u>	<u>PVC</u>	<u>sch 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:
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured

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 Dewatering Contractor
 Address 536 S. Mainland Contractor
Ontario CA
 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 M1968
 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

