

OFFICE USE ONLY
Log No. 82924
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 Conti Const
MAILING ADDRESS LV NV
ADDRESS AT WELL LOCATION on 600 from Chamberlain to Arden

2. LOCATION 5 1/2 NW 1/4 Sec 5 T. 21 N. S. R. 62 E. Clark County
PERMIT NO. DW 1116 Issued by Water Resources
101-05-00-076 Parcel No. TRU 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 Rocket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Pull casing</u>				
<u>1AC 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:
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 Dewatering Contractor
Address 536 E. Mitchell 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: 11968
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			

