

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

OFFICE USE ONLY
Log No. **111814**
Permit No. _____
Basin **163**

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

1. OWNER **ROBERT + RONDA PERRY** ADDRESS AT WELL LOCATION **1691 E. PUMICE AVE SANDY VALLEY**
MAILING ADDRESS **HCR 31 BOX 113 JEAN NV 89019** NOTICE OF INTENT NO. **35203**
Subdivision Name: _____ County: **CLARK**

2. LOCATION **SW 1/4 SE 1/4 Sec 32 T 24 N R 57 E** Latitude **35° 48' 62.4"** UTM E NAD 27
PERMIT/WAIVER No. **201-32-801-012** Longitude **115° 36' 40.2"** N NAD 83/WGS 84
Issued by Water Resources _____ Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Stock Municipal/Industrial Monitor
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SANDY LOAM + ROCKS		0	5	5
CLAY + GRAVEL		5	80	75
CEMENTED ROCK + GRAVEL		80	86	6
CLAY + GRAVEL		86	98	12
ROCK + GRAVEL	W.B.	78	200	102

9. WELL CONSTRUCTION

Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
9 7/8	0	200		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4 1/2	2.36	.248 PUC	0	200

Perforations:

Type of perforation **FACTORY SCREEN**
Size of perforation **0.32 INCH BY 4 ROW**
From **200** feet to **140** feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	20 to SURFACE	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No **200** to **50** Pumped Poured
Type: **3/8" INCH PEA GRAVEL**

Bentonite Chips: Yes No **50** to **20** Pumped Poured
Type: **3/8" INCH GARDOL HOLE PLUG**

Date started: **5-6** 20 **10**
Date completed: **5-10** 20 **10**

7. Water Level
Static water level: **89** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **Cool** °F
Quality: _____

8. 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			

DCNR/DWR RECEIVED

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **BUDGET DRILLING CO.** Contractor
Address **P.O. BOX 3505 PARADISE NV 89041** Contractor
Nevada contractor's license number **89041**
issued by the State Contractor's Board **40020**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**

Signed **[Signature]**
By driller performing actual drilling on-site or contractor
Date **5-14-2010**