

Log No. 27624
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 1216

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

1. OWNER James Fincher ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Pahrump, Nevada 89041

2. LOCATION NE 1/4 NE 1/4 Sec 17 T 20 S N/S R. 53 E Nye County _____
 PERMIT NO. _____ Parcel No. 59 Unit F Subdivision Name Cal-Vegas Ranches

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Surface		0	4	4
White Clay		4	14	10
Grey Clay		14	36	22
Brown Clay	x	36	62	26
Grey Clay	x	62	105	43
Brown Clay	x	105	140	35

8. WELL CONSTRUCTION
 Diameter hole 8 inches Total depth 140 feet
 Casing record 140ft. of 8 in. casing
 Weight per foot 15 lbs. Thickness 156
 Diameter From To
8 inches 0 feet 140 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type concrete
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 140 feet
 Perforations:
 Type perforation Torch Cut
 Size perforation 1/2 in width 8 in. long
 From 80 feet to 140 feet
 From _____ feet to _____ feet

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 AUG 21 1986
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started August 7, 1986
 Date completed August 7, 1986

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 37 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Charles Nyberg Contractor
 Address St. Rt. Box 36525 Contractor
 Nevada contractor's license number 7484
 Nevada contractor's drillers number _____
 Nevada driller's license number 725 Actual Driller
 Signed Charles Nyberg Contractor
 Date August 21, 1986

BAILER TEST
 G.P.M. 20 gals. Draw down 4 feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours