

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. **12881**

1. OWNER **Phoebe G. Badia** ADDRESS AT WELL LOCATION **Shasta + Emerald, Sandy Valley**
MAILING ADDRESS _____

2. LOCATION **NW 1/4 NW 1/4 Sec. 22, T 24S, R 56 E Clark** County _____
PERMIT NO. **580-160-025** Issued by Water Resources Parcel No. _____ 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand		0	3	3
Caliche		3	7	4
Sand		7	14	7
Sand + Gravel		14	23	9
Clay		23	47	24
Consolid. Sand		47	52	5
Clay		52	57	5
Hard Clay		57	63	6
Clay		63	76	13
Gravel + Clay		76	84	8
Caliche	WB	84	89	5
Clay		89	95	6
Limestone	"	95	103	8
Clay		103	109	6
Caliche	"	109	112	3
Clay		112	119	7
Caliche	"	119	126	7
Clay		126	131	5
Caliche	"	131	135	4
Clay		135	152	17
Caliche	"	152	156	4
Clay		156	160	4

8. WELL CONSTRUCTION
Depth Drilled **160** Feet Depth Cased **160** Feet
HOLE DIAMETER (BIT SIZE)
10 1/4 Inches From **0** Feet To **160** Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 7/8	1697	.188	0	160

Perforations:
Type perforation **SAW**
Size perforation **1/2 inch by 3 inch**
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal **50 FT.** Neat Cement
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From _____ feet to _____ feet

RECEIVED
MAY 25 1994

9. WATER LEVEL
Static water level **75** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Div. of Water Resources
Branch Office - Las Vegas, NV
Date started **5-7**
Date completed **5-10**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Great Basin Drilling**
Address **1413 78 Box 80358**
Pho Pump NV. 89041
Nevada contractor's license number issued by the State Contractor's Board **30880**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1426**
Signed **[Signature]**
By driller performing actual drilling on site or contractor
Date **5-12-94**

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			