



WHITE-DIVISION OF WATER RESOURCES
 CANARY-CLIENT'S COPY
 PINK-WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **48005**
 Permit No. _____
 Basin **162**

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. **19348**

1. OWNER **JOHN ZAULSMAN** ADDRESS AT WELL LOCATION **PEARL AVE INCA ST.**
 MAILING ADDRESS _____
 2. LOCATION **SW 1/4 SW 1/4 Sec. 32 T. 24 N. 57 E.** **SANDY VALLEY NV. CLARK** County
 PERMIT NO. _____ Issued by Water Resources Parcel No. **580-453-005** 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	Thickness
CLAY LOAM - ROCK		0	18	18
CALICHE		18	25	7
CLAY + GRAVEL		25	65	40
CEMENTED SAND + GRAVEL		65		
W/ FRACTURES			90	25
SAND + GRAVEL	W.B	90	115	25

8. WELL CONSTRUCTION
 Depth Drilled **115** Feet Depth Cased **115** Feet

HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **0** Feet **115** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

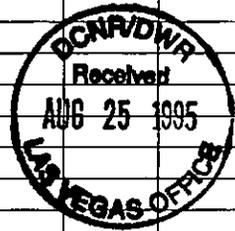
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 3/8	16.94	.188	0	115

Perforations:
 Type perforation **FACTORY SAWCUT**
 Size perforation **2 INCH BY 3 INCH**
 From **115** feet to **95** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **115** feet to **50** feet



Date started **8-5**, 19**95**
 Date completed **8-24**, 19**95**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level **86** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.F.
 Water temperature **COOL** °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 **BUDGET DRILLING CO.** Contractor
 Address **P.O. BOX 3505 PAHRUMP NV. 89041** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **40020**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1523**
 Signed **Amie Brown**
 By driller performing actual drilling on site or contractor
 Date **8-25-95**