



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. **48345**
 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. **14448**

1. OWNER **RAY HENDRIX** ADDRESS AT WELL LOCATION **LOT 8**
 MAILING ADDRESS **Box 8183** **BELL VISTA UNITY Block 8**
PAHRUMP NEV 89041 **BARNEY ST + SHERRY ST**
 2. LOCATION **E 1/2 SW 1/4 SE 1/4 Sec 25 T. 19S N/S R. 53 E N4E** County
 PERMIT NO. **28-243-04** **BELL VISTA** 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
TOP Soil		0	1	1
BRN CLAY		1	9	8
GREY CLAY		9	21	12
BRN CLAY	WB	21	52	31
HARD BRN CLAY		52	73	21
BRN CLAY	WB	73	94	21
HARD BRN CLAY		94	105	11
GREY CLAY	WB	105	140	35

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/2** Inches To **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	17	188	0	140

Perforations:
 Type perforation **Torch Cut**
 Size perforation **1 1/2 X 6"**
 From **80** feet to **140** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **40** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cold** °F Quality **Good**

Date started **July 12** 19**95**
 Date completed **July 24** 19**95**

7. WELL TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
25	1'	1 hr

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **RON MAILLON Drilling** Contractor
 Address **Box 265 PAHRUMP NEV 89041** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **0035704**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1625**
 Signed **Ron Maillon**
 By driller performing actual drilling on site or contractor
 Date **July 25 1995**

