

PRINT OR TYPE ONLY
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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. **17061**

1. OWNER **Henry Taylor**
 MAILING ADDRESS _____

ADDRESS AT WELL LOCATION
20 PENZO RD. + SILVER AV.
SANDY VALLEY NV.

2. LOCATION **SW 1/4 SW 1/4 SE 1/4 SE 1/4 Sec. 9 T. 25 N/S R. 57 E CLARK** County
 PERMIT NO. **590-390-084**

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
SANDY LOAM		0	15	15
CLAY + GRAVEL		15	30	15
ROCK + GRAVEL		30	45	15
CLAY + GRAVEL		45	55	10
CEMENTED SAND + GRAVEL		55	58	3
SAND + GRAVEL	W.B	58	65	7
CLAY + GRAVEL		65	70	5
SAND + GRAVEL	W.B	70	120	50

8. WELL CONSTRUCTION
 Depth Drilled **120** Feet Depth Cased **120** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **0** Feet **120** 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	16.94	.188	0	120

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **8 INCH BY 3 INCH**
 From **120** feet to **100** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **50** feet to **120** feet

9. WATER LEVEL
 Static water level: **53** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 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 **Great Basin Drilling** Contractor
 Address **HCR 78 Box 80358** Contractor
Pahrump NV 89041
 Nevada contractor's license number **30880**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1593**
 Division of Water Resources, the on-site driller:
 Signed **Donna Brown**
 By driller performing actual drilling on site or contractor
 Date **9-19-95**



Date started **9-11** 19**95**
 Date completed **9-18** 19**95**

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			

