

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. **16466**

1. OWNER **GLEN SWEENEY** ADDRESS AT WELL LOCATION **E. MIAMI + OBSIDIAN AV. SANDY VALLEY**
 MAILING ADDRESS _____

2. LOCATION **NW 1/4 NW 1/4 Sec. 32 T. 24 N/S R. 57 E CLARK** County _____

PERMIT NO. _____ 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	Thickness
CLEAN OUT 8" WATER WELL 4/1658 MILL TOOTH BIT		0	34	
PVC PIPE, STICKS 2X4, ROCKS, TRASA W.B.		34	112	
OIL WIRE, STEEL or PUMP - CLEANED TO 200' TD			200	

8. WELL CONSTRUCTION
 Depth Drilled **NA** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)
 From **NA** Inches To **NA** Feet **NA** 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	200

Perforations:
 Type perforation **NA**
 Size perforation _____

From _____ feet to _____ feet
 From **NA** feet to **NA** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Depth of Seal **NA**

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From **NA** feet to **NA** feet

9. WATER LEVEL
 Static water level **98** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **12-9**, 19 **95**
 Date completed **12-9**, 19 **95**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 PAHUMP NV 89041** Contractor
 Nevada contractor's license number **40020** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1573**
 Signed **Donna Brown**
 By driller performing actual drilling on site or contractor
 Date _____

