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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. **16476**

1. OWNER **MARK MANCUSO** ADDRESS AT WELL LOCATION **OTTAWA + JASPER ST. (SANDY VALLEY)**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SUB 1/4 NE 1/4 NW 1/4** Sec. **25** T. **24** N/S R. **56** E. **CLARK** County  
 PERMIT NO. **580-230-015** 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
SANDY LOAM		0	5	5
CLAY		5	18	13
CLAY + GRAVEL		18	24	6
CLAY		24	38	14
CALICHE		38	44	6
CLAY		44	66	22
CALICHE	W.B	66	70	4
CLAY		70	88	18
CALICHE	WB	88	91	3
CLAY		91	110	19
CALICHE	W.B	110	115	5
CLAY		115	126	11
CALICHE	W.B	126	133	7
CLAY		133	140	7

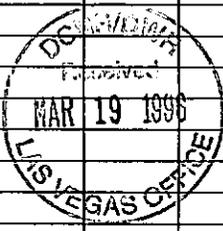
8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet **140** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8 5/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **8 INCH BY 3 INCH**  
 From **120** feet to **100** 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 **140** feet to **50** feet



9. WATER LEVEL  
 Static water level **65** feet below surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **2-27** 19**96**  
 Date completed **3-7** 19**96**

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			

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** Contractor  
**NV. 89041**  
 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 **1573**  
 Signed **Donnie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **3-7-96**