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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. **15052**

1. OWNER **Steven Tool** ADDRESS AT WELL LOCATION **3751 Unicorn**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **SW 1/4 SW 1/4 Sec 36 T 20 S N/S R 53 E NVE** County \_\_\_\_\_  
 PERMIT NO. **41-121-08** Parcel No. **CALVADA** Subdivision Name **VALLEY**  
 Issued by Water Resources \_\_\_\_\_

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
CLAY		0	5	5'
Caliche		5	8	3'
CLAY		8	23	15'
caliche		23	25	2'
CLAY		25	44	19'
caliche		44	46	2'
CLAY		46	52	6'
caliche	W.B	52	55	3'
CLAY		55	61	6'
caliche	WB	61	63	2'
CLAY		63	78	15'
caliche	WB	78	81	3'
clay		81	93	12'
caliche	WB	93	95	2'
CLAY		95	108	13'
caliche	WB	108	111	3'
CLAY		111	119	8'
caliche	WB	119	122	3'
Clay		122	133	11'
caliche	WB	133	138	5'
Clay		138	140	2'

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)  
 From **0** To **140**  
**12 1/2** inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet  
 \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.578	16.94	.188	0	140

Perforations:  
 Type perforation **Factory Sawcut**  
 Size perforation **1/8" x 3"**  
 From **120** feet to **120** feet  
 \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 \_\_\_\_\_ 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 **52** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **2-29**, 19**96**  
 Date completed **3-4**, 19**96**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

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 **P.O. box 4220** 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 **1642**  
 Division of Water Resources, the on-site driller  
 Signed **Thomas Dan**  
 By driller performing actual drilling on site or contractor  
 Date **3-18-96**

