

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. **51415**
Permit No. **163**
Basin **163**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **16484**

1. OWNER **EDWARD KOLOJAY** ADDRESS AT WELL LOCATION **MOHAWK & UTAH AVE. SANDY VALLEY CLARK**
MAILING ADDRESS _____
2. LOCATION **SE 1/4 SW 1/4 NE 1/4** Sec. **6** T. **25** N/S R. **57 E.** _____ County
PERMIT NO. **590-330-099-219-06-501-024** 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	Thick-ness
CLAY		0	38	38
CALICHE		38	42	4
CLAY		42	52	10
CALICHE	W.B	52	57	5
CLAY		57	64	7
CALICHE	W.B	64	70	6
CLAY		70	85	15
CALICHE	W.B	85	94	9
CLAY		94	112	18
CALICHE	W.B	112	118	6
CLAY		118	120	2

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 **4 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 **120** feet to **50** feet

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

Date started **4-1**, 19**96**
Date completed **4-4**, 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 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 **James Brown**
By driller performing actual drilling on site or contractor
Date **4-5-96**

