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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. **15686**

1. OWNER **DENNIS PEGG** ADDRESS AT WELL LOCATION **SHOSHONE ST. + EMERALD AV. SANDY VALLEY NV.**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **1/4 NW 1/4 SW 1/4 NE 1/4 Sec. 22 T. 24 N. R. 56 E. CLARK** County  
 PERMIT NO. **580-160-033** 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
SAND LOAM		0	3	3
CLAY		3	34	31
CALICHE		34	39	5
CLAY + GRAVEL		39	49	10
CLAY		49	77	28
CALICHE		77	112	35
CLAY		112	147	35
CALICHE	W.B	147	151	4
CLAY + GRAVEL		151	168	17
GRAVEL	W.B	168	171	3
CLAY + GRAVEL		171	176	5
GRAVEL	W.B	176	180	4

8. WELL CONSTRUCTION  
 Depth Drilled **180** Feet Depth Cased **180** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet **180** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 7/8</b>	<b>4.33</b>	<b>.376</b>	<b>0</b>	<b>180</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **3/4 INCH BY 3 INCH**  
 From **180** feet to **160** feet  
 From **160** feet to **140** 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 **180** feet to **50** feet

9. WATER LEVEL  
 Static water level: **97** 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 **BUDGET Drilling Co.** Contractor  
 Address **P.O. Box 3505** Contractor  
**SPRING NV. 89041**  
 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 **1578**  
 Signed **Donnie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **7-17-98**

Date started **7-8** 19**98**  
 Date completed **7-14** 19**98**

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			