

**WELL DRILLER'S REPORT**

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

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **17786**

1. OWNER **Billor Rita Barenkman** ADDRESS AT WELL LOCATION **North Saddleback Road**  
 MAILING ADDRESS **Amargosa Valley NV 89020** **Amargosa Valley NV 89020**  
 2. LOCATION **S<sub>W</sub> 1/4 16<sup>W</sup> 1/4 Sec. 7 T. 16 N. R. 48 E. 11<sup>W</sup>** County **Wye**  
 PERMIT NO. **19-041-08** 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  RMC  Air  Other **Mixed**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
top soil		0	3	3
gravel w/ clay		3	8	5
(Hard) cemented gravel		8	47	39
caliche		47	51	4
beds of clay w/ gravel		51	110	59
clay		110	114	4
cemented sand & gravel		114	140	26
fractured rock		140	142	2
clay & sand		142	150	8
cemented sand & gravel		150	185	35
gravel		185	198	13
sand & gravel		198	200	2
Bottom of Hole				200'

8. WELL CONSTRUCTION  
 Depth Drilled **200'** Feet Depth Cased **200'** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **1 1/4** Inches To **0** Feet **200** Feet  
 Inches Feet Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	PVC			
6"	10" Steel	1000 wall		

Perforations:  
 Type perforation **Machined**  
 Size perforation **3' x 1/8" screen 10"**  
 From **120** feet to **140** feet  
 From **140** feet to **170** feet  
 From **180** feet to **200** 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 **50'** feet to **200'** feet

9. WATER LEVEL  
 Static water level **93'** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **cool** °F Quality **(T)**

Date started **June 30** 19**99**  
 Date completed **July 1** 19**99**

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 **Cook Drilling Co.** Contractor  
 Address **P.O. Box 450** Contractor  
**Amargosa Valley NV 89020**  
 Nevada contractor's license number **5376 A** issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **830**  
 Signed **Wayne Bann**  
 By driller performing actual drilling on site or contractor  
 Date **August 7-5-99** **1-6-00**

*Duplicate Log*

*in Book*

