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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. **19782**

1. OWNER: **JOHN & PEGGY ELLENBERG** ADDRESS AT WELL LOCATION: **GOLD AV. & SHASTA**  
 MAILING ADDRESS: \_\_\_\_\_  
 2. LOCATION: **NE 1/4 NE 1/4 SE 1/4 Sec. 22 T. 24 N. 56 E. SANDY VALLEY CLARK** County  
 PERMIT NO. **200-22-701-013** 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
SANDY LOAM		0	4	4
CLAY		4	38	34
CALICHE		38	43	5
CLAY		43	57	14
CALICHE		57	63	6
CLAY		63	86	23
CALICHE	W.B	86	92	6
CLAY		92	103	11
CALICHE	W.B	103	123	20
CLAY		123	140	17

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **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>6 5/8</b>	<b>4.33</b>	<b>.316</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **FACTORY SCREEN**  
 Size perforation **8 INCH BY 3 INCH**  
 From **120** feet to **100** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From **140** feet to **50** feet

9. WATER LEVEL  
 Static water level **78** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **2-1-2000**  
 Date completed **2-11-2000**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 **BUDGET DRILLING CO.** Contractor  
 Address **P.O. BOX 3505** Contractor  
**PAHRUMP 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 **1573**  
 Signed **Shirley Brown**  
 By driller performing actual drilling on site or contractor  
 Date **2-12-2000**

