

OFFICE USE ONLY
 Log No. **80294**
 Permit No. _____
 Basin **163**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **20592**

1. OWNER **SANDY VALLEY BAPTIST CHURCH** ADDRESS AT WELL LOCATION **GOLDAU + SAWNEE ST. SANDY VALLEY NV. CLARK**
 MAILING ADDRESS _____
 2. LOCATION **NW 1/4 NE 1/4 SE 1/4 Sec. 22 T. 24 N/S R. 56 E. CLARK** County
 PERMIT NO. **200-22-701-005** 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	Thickness
SANDY LOAM		0	6	6
CLAY		6	38	32
CALICHE		38	43	5
CLAY		43	59	16
CALICHE		59	63	4
CLAY + GRAVEL		63	92	29
CALICHE	W.B.	92	98	6
CLAY		98	108	10
CALICHE	W.B.	108	119	11
CLAY		119	131	12
CALICHE	W.B.	131	137	6
CLAY		137	140	3

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	4.33	.316	0	140

Perforations:
 Type perforation **FACTORY SCREEN**
 Size perforation **1/2 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 **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **140** feet to **50** feet

9. WATER LEVEL
 Static water level **87** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **6-6** **200**
 Date completed **6-12** **2010**

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** Contractor
PARTRAP NV. 89041
 Nevada contractor's license number issued by the State Contractor's Board **40020**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1523**
 Signed **Shannon**
 By driller performing actual drilling on site or contractor
 Date **6-12-00**