

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

OFFICE USE ONLY  
 Log No. **80578**  
 Permit No. **162**  
 Basin **162**

NOTICE OF INTENT NO. **20088**

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

1. OWNER **AVCO HOMES** ADDRESS AT WELL LOCATION **2890 YUCCA TERRACE**  
 MAILING ADDRESS **2890 YUCCA TERRACE**  
**PAHRUMP, NV 89048**

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **29** T **20S** N/S R **53E** E **NYE** County  
 PERMIT NO. **40-372-13** Parcel No. **CALVADA VALLEY** 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	80	80
CALICHE	WB	80	94	14
CLAY		94	110	16
CALICHE	WB	110	125	15
CLAY		125	150	25
CALICHE	WB	150	160	10

8. WELL CONSTRUCTION  
 Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)  
**10.25** Inches From **0** Feet To **160** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	3.63	.280	0	160

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/8 X 3**

From **120** feet to **160** 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 **160** feet

9. WATER LEVEL  
 Static water level **61** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **08/01/2000**, 19\_\_\_\_  
 Date completed **08/03/2000**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<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 **GREAT BASIN DRILLING CO. OF NEVADA, INC.** Contractor  
 Address **P.O. BOX 4220** Contractor  
**PAHRUMP, NV. 89048**  
 Nevada contractor's license number issued by the State Contractor's Board **47333**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2063**

Signed *Thomas Dem*  
 By driller performing actual drilling on-site or contractor  
 Date **08/03/2000**

