

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

OFFICE USE ONLY
 Log No. **80597**
 Permit No. **162**
 Basin **162**

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

NOTICE OF INTENT NO. 20368

1. OWNER **Eric Denhard**
 MAILING ADDRESS **3670 W. Charleston Park**
Pahrump, NV 89048

2. LOCATION **SW 1/4 SE 1/4 Sec. 13 T 20S**
 PERMIT NO. **27-621-27**
 Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION **3670 W. Charleston Park**

N/S **R 52** E **Nye** County

Nye County 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
brown clay		0	3	3
grey clay		3	15	12
light brown caleche	x	15	105	90
grey caleche	x	105	121	16
light brown clay	x	121	140	19

8. WELL CONSTRUCTION

Depth Drilled **140** Feet Depth Cased **140+1** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
11	0	140		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	3.7	280	0	140

Perforations:
 Type perforation **sawcut**
 Size perforation **.188**

From	To	Feet
125	140	

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 **140** feet



9. WATER LEVEL
 Static water level **57** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **cool** °F Quality **good**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Strickland Construction Co., Inc.** Contractor
 Address **2301 Winery Road, Suite 2** Contractor
Pahrump, NV 89048

Nevada contractor's license number issued by the State Contractor's Board **40277**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2086**

Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **6-19-00**

Date started **6/19/00** 19__
 Date completed **6/19/00** 19__

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift
 Draw Down (Feet Below Static) Time (Hours)

G.P.M.