

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. **21400**

1. OWNER **Tony & Joy Radnich** ADDRESS AT WELL LOCATION **3801 S Winchester**
 MAILING ADDRESS **3801 S Winchester** **Pahrump, NV 89048**

2. LOCATION **SE 1/4 NW 1/4 Sec. 32 T. 20S N/S R. 53 E NYE** County
 PERMIT NO. **40-541-17** 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
Birt		0	20	
Clay		21	90	
Caliche		91	93	
Clay, Caliche				
Gravel		94	170	
Water	90			

8. WELL CONSTRUCTION
 Depth Drilled **170** Feet Depth Cased **165** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **170** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	PVC	SCH40	+2	165

Perforations:
 Type perforation **Slot**
 Size perforation **.020**
 From _____ feet to _____ feet
 From **165** feet to **135** feet
 From _____ feet to _____ 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 **165** feet

9. WATER LEVEL
 Static water level **71** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °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 **JSB INC DBA GATZKE DRILLING** Contractor
 Address **PO BOX 6678**
Pahrump, NV 89041 Contractor
 Nevada contractor's license number **0036415**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1650**
 Division of Water Resources, the on-site driller
 Signed *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **4-22-01**

Date started **4-3-01**, 19____
 Date completed **4-3-01**, 19____

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)

