

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

OFFICE USE ONLY
 Log No. **82622**
 Permit No. _____
 Basin **162**

NOTICE OF INTENT NO. **20791**

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 **CRHomes**
 MAILING ADDRESS **5731 E. Bridger**
Pahrump, NV 89048

ADDRESS AT WELL LOCATION
5731 E. Bridger

2. LOCATION **NW 1/4 SE 1/4 Sec. 16 T 21S**
 PERMIT NO. _____
 Issued by Water Resources
45-054-10 Parcel No.

N/S R **54E** E **Nye** County
Cottonwoods Subdivision Name

3. WORK PERFORMED

New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4.

Domestic
 Municipal/Industrial

PROPOSED USE

Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE

Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
brown clay		0	15	15
brown clay with gravel	x	15	160	145

8. WELL CONSTRUCTION

Depth Drilled **160** Feet
 Depth Cased **160+1** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
11 Inches	0	160
Inches		
Inches		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	3.7	.280	0	160

Perforations:

Type perforation **sawcut**

Size perforation **.188**

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 **160** feet

9. WATER LEVEL

Static water level **62** 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

By driller performing actual drilling on-site or contractor

Date

2-28-01



Date started **2/9/01** 19__
 Date completed **2/9/01** 19__

7. WELL TEST DATA

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

