

OFFICE USE ONLY
 Log No. **83073**
 Permit No. _____
 Basin. **162**
 21410
 2140

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. **2140**
 5441 S Vicki Ann
 Pahrump, NV 89048

1. OWNER **Emil & Mildered Janssen** ADDRESS AT WELL LOCATION
 MAILING ADDRESS **5441 S Vicki Ann Pahrump, NV 89048**

2. LOCATION **NW SW 1/4 NW 1/4 Sec. 12 T. 21S N/S R. 53 E NYE** County
 PERMIT NO. **44-511-28** 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
Dirt		0	12	
Clay Caliche Steaks		13	240	
Hard Caliche		241	255	
Clay		256	269	
White sand lime		270	293	
Clay, Caliche Streaks		294	375	
Water	100			

8. WELL CONSTRUCTION
 Depth Drilled **375** Feet Depth Cased **375** Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 inches To 0 Feet 375 Feet
 Inches Feet Feet
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8		.177	+2	375

Perforations: **Slot**
 Type perforation
 Size perforation **.020**
 From **375** feet to **355** feet **blank**
 From _____ feet to _____ feet
 From **355** feet to **315** feet **screen**
 From **315** feet to **+2** feet **blank**
 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 **50** feet to **375** feet

9. WATER LEVEL
 Static water level **62** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **good**

Date started **4-20-01**, 19____
 Date completed **4-25-01**, 19____

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 **JSB INC dba GATZKE DRILLING** Contractor
 Address **PO BOX 6678 Pahrump, NV 90041** Contractor

Nevada contractor's license number issued by the State Contractor's Board **000036415**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1650**

Signed *[Signature]*
 By driller performing actual drilling on site or contractor

Date _____

