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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. 21711  
 ADDRESS AT WELL LOCATION: 650 Trailing Rose  
ONYX AV. + TRAILING ROSE ST.  
SANDY VALLEY NV.

1. OWNER BRIAN + CAROL RINEHART  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SW 1/4 NE 1/4 Sec. 36 T. 24 N. R. 56 E. CLARK County  
 PERMIT NO. 200-36-601-009 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	Thickness
SAND		0	3	3
SANDY LOAM		3	8	5
CLAY		8	28	20
CALICHE		28	32	4
CLAY		32	53	21
CALICHE		53	58	5
CLAY		58	74	16
CALICHE	W.B	74	78	4
CLAY		78	90	12
CALICHE	W.B	90	95	5
CLAY		95	115	20
CALICHE	W.B	115	122	7
CLAY		122	132	10
CALICHE	W.B	132	138	6
CLAY		138	140	2

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 0 Feet 140 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>4.33</u>	<u>.316</u>	<u>0</u>	<u>140</u>

Perforations:  
 Type perforation SAW CUT  
 Size perforation 1/2 INCH BY 3 INCH  
 From 140 feet to 100 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 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 140 feet to 50 feet

9. WATER LEVEL  
 Static water level 6.0 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cool °F Quality \_\_\_\_\_

Date started 7-24 2001  
 Date completed 7-27 2001

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 BUDGET DRILLING CO. Contractor  
 Address P.O. Box 3505 PARKVIEW HILL Contractor  
89041  
 Nevada contractor's license number issued by the State Contractor's Board 40020  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1523  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 7-27-2001