

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **84398**
 Permit No. **162**
 Basin _____
 NOTICE OF INTENT NO. **22322**

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **John & Dorothy Haggard** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **2101 S. Madeline Court** **2101 S. Madeline Court**
Pahrump, NV 89061

2. LOCATION **NW 1/4 NW 1/4 Sec. 26 T 20S N/S R 52E E Nye** County _____
 PERMIT NO. **27-571-12** Nye
 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE

X New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
brown clay		0	3	3
grey clay		3	17	14
See next line		17	27	10
grey clay with caleche strings				
See next line	x	27	90	63
green clay with caleche strings				
brown clay	x	90	96	6
green clay	x	96	108	12
See next line	x	108	121	13
grey clay with caleche strings				
See next line	x	121	140	19
green clay with caleche strings				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

From		To	
11 Inches	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)
6 5/8	3.7	.280	0	140
_____	_____	_____	_____	_____

Perforations:

Type perforation **sawcut**
 Size perforation **.188**

From **120** feet to **140** 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 **140** feet

9. WATER LEVEL

Static water level **54** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °F Quality **good**

Date started **8/14/01** _____ 19____
 Date completed **8/14/01** _____ 19____

7. WELL TEST DATA

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

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 **5801 S. Homestead** 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 of contractor
 Date **9-20-01**

