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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 **16480**

1. OWNER **DOMINIC PASQUALE** ADDRESS AT WELL LOCATION **MILLITE AVE. + OSWEGO**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SE 1/4 SW 1/4 Sec. 25 T. 24 N. R. 56 E CLARK** County  
 PERMIT NO. **580-280-109** 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
SANDY LOAM		0	4	4
CLAY		4	32	28
CALICHE		32	37	5
CLAY		37	52	15
CALICHE		52	55	3
CLAY		55	65	10
CALICHE	W.B.	65	71	6
CLAY		71	92	21
CALICHE	W.B.	92	97	5
CLAY		97	118	21
CALICHE	W.B.	118	122	4
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 **12 1/4** Inches To **140** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8 5/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **8 INCH BY 3 INCH**  
 From **140** feet to **120** 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 **140** feet to **50** feet

9. WATER LEVEL  
 Static water level **57** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **5-6** 19**96**  
 Date completed **5-10** 19**96**

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 **BUDGET DRILLING CO.** Contractor  
 Address **P.O. Box 3505** Contractor  
**RAHUMP NV. 89091**  
 Nevada contractor's license number **40020**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the **1573**  
 Division of Water Resources, the on-site driller  
 Signed **Dominic Brown**  
 By driller performing actual drilling on site or contractor  
 Date **5-10-96**

