

PRINT OR TYPE ONLY
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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 **16062**

1. OWNER: **JOHN + Peggy ELLENBURG** ADDRESS AT WELL LOCATION: **MAPLE AVE + SANTEE ST. SANDY VALLEY CLARK**
 MAILING ADDRESS: _____
 2. LOCATION: **SE 1/4 SW 1/4 NW 1/4 Sec. 26 T. 24 N. 56 E** County **CLARK**
 PERMIT NO. **580-250-039** 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
CLAY		0	8	8
CALICHE		8	14	6
CLAY		14	32	18
CALICHE		32	38	6
CLAY		38	55	17
CALICHE		55	60	5
CLAY		60	75	15
CALICHE	W.B	75	82	7
CLAY		82	104	22
CALICHE	W.B	104	112	8
CLAY		112	122	10
CALICHE	W.B	122	132	10
CLAY		132	140	8

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)
6 5/8	4.33	.316	0	140

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **8 INCH BY 3 INCH**
 From **120** feet to **100** 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 **65** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **1-21**, 19**99**
 Date completed **1-23**, 19**99**

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 PAHRUMP NV. 89041** Contractor
 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 **Shirley Brown**
 By driller performing actual drilling on site or contractor
 Date **1-25-99**

