

OFFICE USE ONLY  
 Log No. **76472**  
 Permit No. \_\_\_\_\_  
 Basin **163**

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. **19270**

1. OWNER **MARK + TERESSA QUAN** ADDRESS AT WELL LOCATION **WOOD AV. + PAUTE ST. SANDY VALLEY CLARK**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SW/SE 1/4 SW/SW 1/4 Sec. 24 T. 24 N. R. 56 E.** County **CLARK**  
 PERMIT NO. **200-24-401-086** 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	6	6
CLAY		6	18	12
CALICHE		18	22	4
CLAY		22	48	26
CALICHE		48	54	6
CLAY + GRAVEL		54	75	21
ROCK + GRAVEL	WB	75	92	17
CEMENTED SAND + GRAVEL		92	108	16
ROCK + GRAVEL	W.B	108	140	32

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 3/8</b>	<b>4.33</b>	<b>.316</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **FACTORY SCREEN**  
 Size perforation **3/8 INCH BY 3 INCH**  
 From **120** feet to **100** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 **66** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **7-7** 19**99**  
 Date completed **7-21** 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** Contractor  
**Prater NV. 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 **Donnie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **8-5-99**