WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 95263
Permit No.
Basin 163

NOTICE OF INTENT NO. 27605

1. OWNER DANIEL W. SHAW
MAILING ADDRESS P.O. Box 1592 LUCERNE VALLEY CA. 92356
ADDRESS AT WELL LOCATION 2520 SILVER AVE. SANDY VALLEY NV.

2. LOCATION SE ¼ SW ¼ Sec. 09 T. 25 N/S R. 57 E/W Clark County
PERMIT NO. (Issued by Water Resources) Parcel No. 219-09-801-020 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
CLEAN OUT 6" INCH WATER WELL WITH 4" BAILER TO 128 FEET. SILT + SAND PROBLEM				
INSTALL 4½" OD SCH 40 PVC LINER FLUSH JOINT WELL CASING + SCREEN GRAVEL PACK				

DCNR/DWR
RECEIVED
MAR 07 2005
LAS VEGAS OFFICE

Date started 2-18 2005
Date completed 2-19 2005

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☑ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
18	47	30 MIN.

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
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)
4½"	2.06	SCH 40-.265	0	128

Perforations:
Type perforation SCREEN .020
Size perforation .020
From 128 feet to 88 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☑ Yes ☐ No
Depth of Seal EXISTING
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☑ Yes ☐ No
From 128 feet to SURFACE feet

9. WATER LEVEL
Static water level 48 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature COOL °F Quality

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 1573
Signed ____ (By driller performing actual drilling on site or contractor)
Date 2-24-05

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627