

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 111463
Permit No. -
Basin 74

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

1. OWNER Kulwinder Johal ADDRESS AT WELL LOCATION 1305 Rye Patch Reservoir Road
MAILING ADDRESS 1305 Rye Patch Reservoir Rd Las Vegas NV 89119
Subdivision Name: _____ County: Pershing

NOTICE OF INTENT NO. 41385

2. LOCATION SW 1/4 NW 1/4 Sec 16 T 30 S R 33 E Latitude N 40.466394° UTM E NAD 27
PERMIT/WAIVER No. Fact 5-000012 010-120-01 Longitude W 118.282100° N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Other hollow stem Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
well debris	NO	0	30	30
silt sand	YES	30	35	5
clay sand	YES	35	40	5
overdrilled existing well to 30 then deepened to 40				
MW-11				
NAD-27 GPS				
40.466394° N				
118.282100° W				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
40		40	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
10"	0		40	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"		Sch 40	0	10

Perforations:

Type of perforation Factory slot
Size of perforation 070

From 10 feet to 40 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 6 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 8 to 40 Pumped Poured
Type: 10/20 Silica Sand
Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: 3/8 Bentonite chips

Date started: 7/18, 20 10
Date completed: 7/18, 20 10

7. Water Level
Static water level: 30.4 feet below land surface
Artesian Flow: no G.P.M. _____ P.S.I. _____
Water Temperature: 68.5 °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <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 Haz-Tech Drilling Inc Contractor
Address PO Box 940 Contractor
meridian Id 83680
Nevada contractor's license number _____
issued by the State Contractor's Board 0038018
Nevada driller's license number issued by the Division of Water Resources the on-site driller 2412-m-27D
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 7/22/10