

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

OFFICE USE ONLY
Log No. 114205
Permit No. 52203
Basin 212

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

NOTICE OF INTENT NO. 35823

1. OWNER VAN HOOSER, David & MACHELLE ADDRESS AT WELL LOCATION 8440 WIGWAM
MAILING ADDRESS Ave, L.V., NV. Subdivision Name: _____ County: _____

2. LOCATION SW 1/4 NW 1/4 Sec 16 T 22 N S R 60 E Latitude N 36° 02' 04" UTM E Longitude W 115° 16' 58.8"
PERMIT/WAIVER No. 52203 Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Pump Trade

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sleeve Well</u>		<u>744 ft.</u>		
<u>4" FACTORY STATE APPROVED CASING</u>				
<u>644 ft 4" Blank</u>				
<u>60 ft Saw Cut Reef</u>				
<u>4" Long by 3 Rows Reef</u>				

orig. log 43707

DCNR/DWR RECEIVED

JUN 29 2011

LAS VEGAS OFFICE

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>10"</u>	<u>0</u>	<u>750</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10"</u>	<u>0</u>	<u>750</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6-5/8</u>		<u>1.56</u>		

Perforations:

Type of perforation	Size of perforation	From	To	feet to	feet
<u>FACTORY</u>	<u>9/32"</u>	<u>710</u>	<u>750</u>		

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured

Bentonite Chips: Yes No to _____ Pumped Poured

Date started: 6-17-2011, 20
Date completed: 6-17-2011, 20

7. Water Level
Static water level: 251 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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 VERNON H. DIMICK Contractor
Address 5740 Tee Pee Lane
L.V., NV. 89149
Nevada contractor's license number issued by the State Contractor's Board 10062
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552

Signed V. Dimick
By driller performing actual drilling on-site or contractor

Date _____