

original

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

OFFICE USE ONLY
Log No. **115812**
Permit No. _____
Basin _____

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. **35686**

1. OWNER **Bryan Jackson** ADDRESS AT WELL LOCATION **#14 sagewood drive**
MAILING ADDRESS **PO Box 274 Caliente NV** **Caliente NV 89008**
Subdivision Name: **Highland Hills** County: **Lin**

2. LOCATION **NW 1/4 NE 1/4 Sec 3 T 3 N R 67 E** Latitude **N 37° 43' 25"** UTM E NAD 27
PERMIT/WAIVER No. **13-04-31** Longitude **W 114° 28' 38"** N NAD 83/WGS 84

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand-Boulders		0	70	20
Hard Clay Boulders		70	250	180
Hard Rock		250	270	20
Fractured Rock	X	270	250	10
Hard Rock		250	255	5
Fractured Rock	X	255	305	20
Hard Rock		305	310	5

7' of steel 8" casing was concreted over the 6" PVC of the surface

DCNR/DWR RECEIVED JUN 25 2012

LAS VEGAS OFFICE

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
11		0	310

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
11	0		310	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 1/2	PVC	Sch 40	0	310

Perforations:

Type of perforation **Saw cut**
Size of perforation **1/8" X 3"**

From	feet to	feet	feet
150	170		
190	210		
230	310		

Annular Seal: Yes No

Material	to	feet	Method	Result
Neat Cement	0	50	Pumped	Poured
Cement Grout			Pumped	Poured
Concrete Grout			Pumped	Poured
≥30% Bentonite Grout			Pumped	Poured

Gravel Pack: Yes No **50** to **310**
Type: **4/4 minus**

Bentonite Chips: Yes No to _____
Type: _____

Date started: **6-10-2012**, 20
Date completed: **6-20-2012**, 20

7. Water Level
Static water level: **225** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cell** °F
Quality: **good**

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 checked="" type="checkbox"/> Air Lift	10		3

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name: **Davis Drilling and Pumps**
Address: **HC 61 Box 54 Hiko NV 89017**

Nevada contractor's license number issued by the State Contractor's Board: **0078966**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1181**

Signed: **Mike Davis**
Date: **6-20-2012**

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

37.720885
114.471142 -NAD 27