

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

OFFICE USE ONLY
Log No. 117200
Permit No. _____
Basin 162

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. 36259

1. OWNER NEVADA FEDERAL CREDIT UNION ADDRESS AT WELL LOCATION 3150 S JOLLIE WY
MAILING ADDRESS _____ PAHRUMP NV 89048
Subdivision Name: AHRUMP VALLEY ESTATE County: NYE

2. LOCATION NE 1/4 NW 1/4 Sec 31 T 20S N/S R 53 E Latitude N36°10'22.5" UTM E NAD 27
PERMIT/WAIVER No. 36-492-03 Longitude W116°03'42.3" 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
 Municipal/Industrial Monitor Stock
5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	12	12
CALICHIE		12	18	6
CLAY		18	45	27
CALICHIE		45	54	9
CLAY		54	72	18
CALICHIE	WB	72	86	14
CLAY		86	120	34
CALICHIE	WB	120	128	8
CLAY		128	148	20
CALICHIE	WB	148	160	12
CLAY		160	180	20
CALICHIE	WB	180	200	20

DCNR/DWR/SNBO
RECEIVED
MAY 23 2013

9. WELL CONSTRUCTION
Depth Drilled 200 Feet Depth Cased 200 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 200
12-1/4" inches _____ Feet _____
_____ inches _____ Feet _____
_____ inches _____ Feet _____
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
6 3.63 .280 0 200
Perforations:
Type of perforation SCREEN
Size of perforation .032
From 140 feet to 200 feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 50 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 50 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 25-Apr _____ , 20 13
Date completed: 25-Apr _____ , 20 13

7. Water Level
Static water level: 76 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name GREAT BASIN DRILLING
Contractor
Address 1220 MANSE RD
Contractor
PAHRUMP NV 89048
Nevada contractor's license number issued by the State Contractor's Board 47333
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2485
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 13-May-13

USE ADDITIONAL SHEETS IF NECESSARY
36.172916
- 116.06175

(Rev. 05-08)