

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

OFFICE USE ONLY
Log No. 117219
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. 36238

1. OWNER WILLIAM & MARY SAINDON
MAILING ADDRESS 11995 HILLCREST DR
LEMONT IL 60439

ADDRESS AT WELL LOCATION 3900 S WINCHESTER AVE
PAHRUMP
Subdivision Name: UNIT 5 CALVADA UNIT County: NYE

2. LOCATION NE 1/4 SW 1/4 Sec 32 T 20S N/S R 53 E Latitude N36°09'45.5" UTM E NAD 27
PERMIT/WAIVER No. 40-591-07 Longitude W115°02'41.7" 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	15	15
CALICHIE		15	21	6
CLAY		21	42	21
CALICHIE		42	53	11
CLAY		53	76	23
CALICHIE	WB	76	82	6
CLAY		82	105	23
CALICHIE	WB	105	110	5
CLAY		110	160	50
CALICHIE	WB	160	176	16
CLAY		176	185	9
CALICHIE	WB	185	215	30

9. WELL CONSTRUCTION

Depth Drilled 215 Feet Depth Cased 215 Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
<u>12</u> Inches	<u>0</u> Feet	<u>215</u> Feet		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>3.63</u>	<u>.280</u>	<u>0</u>	<u>215</u>

Perforations:

Type of perforation SCREEN
Size of perforation 032

From	feet to	
<u>165</u>	<u>215</u>	feet
		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 215 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 11-Feb, 20 13
Date completed: 11-Feb, 20 13

7. Water Level

Static water level: 75 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"/> Bailer <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 2/26/2013