

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

OFFICE USE ONLY
Log No. 117394
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. 36267

1. OWNER JAMES & LOIS MEAD ADDRESS AT WELL LOCATION 1600 W HURACAN ST
MAILING ADDRESS 1600 W HURACAN ST
PAHRUMP NV 89048 Subdivision Name: UNIT 5 CALVADA VALLEY County: NYE

2. LOCATION SE 1/4 SW 1/4 Sec 29 T 20S N/S R 53 E Latitude N36°10'38.8" UTM E NAD 27
PERMIT/WAIVER No. 40-383-23 Longitude W116°02'32.5" 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	Thickness
EXISTING 160' 8" WELL		0	160	160
CLAY		160	175	15
CALICHIE	WB	175	195	20
CLAY		195	220	25
CALICHIE	WB	220	230	10
CLAY		230	238	8
CALICHIE	WB	238	255	17
CLAY		255	260	5

9. WELL CONSTRUCTION

Depth Drilled	100	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)				
EXISTING	Inches	0	Feet	160
7-7/8	Inches	160	Feet	260
	Inches		Feet	

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	16.94	.188	0	160
4.5	2.37	.248	0	260

Perforations:

Type of perforation SCREEN
Size of perforation 032

From 180 feet to 260 feet
From _____ feet to _____ feet

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 160 to 260 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 25-Jul , 20 13
Date completed: 25-Jul , 20 13

7. Water Level
Static water level: 93 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 1642

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7/25/2013