

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

OFFICE USE ONLY
Log No. 117430
Permit No. 51403
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

9024
NOTICE OF INTENT NO. 35327

1. OWNER ROBERT PISTONE ADDRESS AT WELL LOCATION 9024 W. HAMMER
MAILING ADDRESS 9024 W. HAMMER LV. NV. 89129 Subdivision Name: _____ County: CLARK
LV. NV. 89129

2. LOCATION NW NW 1/4 Sec 32 T 19 N/S R 60 E Latitude N 36° 15' 34.0 UTM E NAD 27
PERMIT/WATER No. 66525+61596 125-32-102-005 Longitude W 115-17-33.9 N NAD 83/WGS 84
51463 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 Other PUMP/ROCK

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>INSTALL NEW</u>				
<u>PVC 480 PIPE</u>				
<u>4 1/2" DIA</u>				
<u>100 FT FACTORY PERF</u>				
<u>FROM 380 FT 480 FT</u>				
<u>380 FT BLANK 4 1/2" 480 PVC</u>				
<u>TOTAL DEPTH 480 FT</u>				
<u>Orig log = 35327</u>				
<u>DSB</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>8 5/8</u>			

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8 5/8</u>	<u>7 1</u>	<u>500</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation	Size of perforation	From	feet to	feet
<u>Factory</u>	<u>.032 Sieve Type</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

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

7. Water Level

Static water level: _____ 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			

DCNR/DWR/SNBO RECEIVED

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 13040 HORSE DR. LV. NV 89161 Contractor

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

Date 7-5-13