

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

OFFICE USE ONLY
Log No. 117435
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. 36265

1. OWNER DEBRA LOVEJOY ADDRESS AT WELL LOCATION 1870 W PHEASANT ST
MAILING ADDRESS 1870 W PHEASANT ST PAHRUMP
PAHRUMP NV 89060 Subdivision Name: CHAPPAREL RANCHOS County: NYE

2. LOCATION NW 1/4 SW 1/4 Sec 8 T 20S N/S R 53 E Latitude N36°13'32.5" UTM E NAD 27
PERMIT/WAIVER No. 36-092-07 Longitude W116°02'52.4" 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 Air Other

5. WELL TYPE Cable Rotary RVC

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
CLAY		0	15	15
CALICHIE		15	32	17
CLAY		32	58	26
CALICHIE	WB	58	75	17
CLAY		75	115	40
CALICHIE	WB	115	125	10
CLAY		125	145	20
CALICHIE	WB	145	158	13
CLAY		158	175	17
CALICHIE	WB	175	190	15
CLAY		190	200	10

DCNR/DWR/SNBO
RECEIVED
JUN 27 2013

WELL CONSTRUCTION				
Depth Drilled	200	Feet	Depth Cased	200
HOLE DIAMETER (BIT SIZE)				
	From	To		
10	Inches 0	Feet 200	Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5	3.49	.327	0	200

Perforations:

Type of perforation SCREEN
Size of perforation .020

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 to _____ 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: 17-Jun , 20 13
Date completed: 17-Jun , 20 13

7. Water Level
Static water level: 65 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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

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 6/25/2013

(Rev. 05/06)

USE ADDITIONAL SHEETS IF NECESSARY

36.225694
-116.047888