

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

OFFICE USE ONLY
Log No. **117471**
Permit No. _____
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

NOTICE OF INTENT NO. **37623**

1. OWNER **HUNG TRAN** ADDRESS AT WELL LOCATION **10259 W. ABATE**
MAILING ADDRESS _____ **LV, NV 89161**
Subdivision Name: _____ County: **CLARK**

2. LOCATION **SE 1/4 NE 1/4 Sec 24 T 22 N/S R 54 E** Latitude **36-01-16.2** UTM E NAD 27
PERMIT/WAIVER No. **175-24-601-005** Longitude **115-17-04.2** 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
 Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SOIL BEDS		0	6	
CEMENTED GRAVEL		6	17.5	
Reddish SANDSTONE		17.5	19.5	
LIME STONE		15.5	18.0	
Reddish SANDSTONE		19.0	29.0	
HARD LIMESTONE		29.0	29.5	
CEMENTED GRAVEL		29.5	30.0	
Very Yellow SANDSTONE		30.0	33.0	
CEMENTED GRAVEL		33.0	36.0	
BRIGHT yellow		36.0	36.5	
yellowish GRAVEL		36.5	46.5	
Very HARD LIMESTONE		46.5	48.0	
yellowish GRAVEL		48.0	51.0	
GRAVEL + SAND		51.0	59.0	
GRAVEL + WATER SANDSTONE	X	59.0	60.0	10
SANDSTONE		60.0	60.5	

9. WELL CONSTRUCTION
Depth Drilled **605** Feet Depth Cased **605** Feet
HOLE DIAMETER (BIT SIZE)
From To
12 1/4 Inches **0** Feet **5.5** Feet
9 1/8 Inches **5.5** Feet **6.05** Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.8	1.88	+2	60
6 1/2	PVC 480		+1 1/2	60.5

Perforations:
Type of perforation **FACTORY**
Size of perforation **1.032**
From **59.0** feet to **60.0** feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout **0** to **5.5** 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: **475** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **Cold** °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)

DCNR/DWR/SNBO RECEIVED
JUL 26 2013

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 89166** 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 **7-26-2013**

SEP 18, 2015 BY DB

