

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

OFFICE USE ONLY
Log No. 117558
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

1. OWNER Randolph's Vision Bratton ADDRESS AT WELL LOCATION 14670 Rustan & Log Cabin Way
MAILING ADDRESS MC 38 Box 175 Las Vegas NV 89124 Subdivision Name: _____ County: _____
NOTICE OF INTENT NO. 36399

2. LOCATION SW 1/4 NW 1/4 Sec 6 T 19 N R 59 E Latitude 36.19 728 N UTM E NAD 27
PERMIT/WAIVER No. 126-06-201-013 Longitude 115 25 271 W 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 Stock Monitor Municipal/Industrial
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel + Boulders		0	25	
CEMENTED GRAVEL		25	150	
Gravel + Boulders		150	360	
Gravel + Water		360	380	
Red Shale		380	520	
Gravel + Water		520	525	

9. WELL CONSTRUCTION

Depth Drilled 525 Feet Depth Cased 525 Feet

HOLE DIAMETER (BIT SIZE)

From	To
9 7/8 Inches	0 Feet to 525 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4 1/2			400	420
4 1/2		PVC Sch 40	0	400
6 3/8	188	STEEL + 2 BSA	0	525

Perforations:

Type of perforation Factory

Size of perforation .032

From 440 feet to 520 feet

Annular Seal: Yes No

Neat Cement to 0 Pumped Poured

Cement Grout to 0 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured

Bentonite Chips: Yes No to _____ Pumped Poured

Date started: 4-19-13 _____, 20
Date completed: 4-26-13 _____, 20

7. Water Level
Static water level: 338 feet below land surface
Artesian Flow: _____ G.P.M. 10 P.S.I.
Water Temperature: Cold °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 checked="" type="checkbox"/> Air Lift	<u>10</u>		<u>2 HRS</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Redding Drilling Contractor
Address P.O. Box 231120 Contractor
Las Vegas NV 89105
Nevada contractor's license number 38155
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources 552
Signed V.H. Drivick
Date 4-29-13

09/26/2014 by DSB

