

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

OFFICE USE ONLY  
Log No. 118761  
Permit No. 19220  
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. 35913

1. OWNER West Care ADDRESS AT WELL LOCATION 5649 Duncan DR  
MAILING ADDRESS 5649 Duncan DR  
LV NV 89193 Subdivision Name: \_\_\_\_\_ County: \_\_\_\_\_

2. LOCATION SE 1/4 NW 1/4 Sec 12 T 20 N S R 60 E Latitude 36-13-39.6 UTM E \_\_\_\_\_  NAD 27  
PERMIT/WAIVER No. 19220 1138-12210-036 Longitude W 115-13-04.5 N \_\_\_\_\_  NAD 83/WGS 84  
Issued by Water Resources NSB Parcel No. \_\_\_\_\_

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other ABANDON

4. PROPOSED USE Com  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Drill 240 ft 4" Pump &amp; 6" casing</u>				
<u>Set of Bowl &amp; Drive Shaft</u>				
<u>5' FILL IN Well</u>				
<u>Run 300 FEET TRENCH</u>				
<u>Pipe &amp; Cement FROM</u>				
<u>Collared pipe up to</u>				
<u>SURFACE -</u>				
<u>36-13-39.6</u>				
<u>W 115-13-04.5</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
	From	To	
	Inches	Feet	Feet
	Inches	Feet	Feet
	Inches	Feet	Feet

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
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Type: \_\_\_\_\_

Bentonite Chips:  Yes  No \_\_\_\_\_ to \_\_\_\_\_  Pumped  Poured

Type: \_\_\_\_\_

Date started: 12-12-13 , 20  
Date completed: 12-13-13 , 20

7. Water Level  
Static water level: 110 feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ °F  
Quality: \_\_\_\_\_

8. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Vernon H. Dimick Contractor  
Address 13040 Horse DR Contractor  
LAS Vegas NV 89166  
Nevada contractor's license number \_\_\_\_\_  
issued by the State Contractor's Board 552  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 10062  
Signed V.H. Dimick  
By driller performing actual drilling on-site or contractor  
Date 12-13-13