

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

OFFICE USE ONLY
Log No. 118829
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 BERRY FAMILY TRUST DAVID & CAROL TRS ADDRESS AT WELL LOCATION NONE
NOTICE OF INTENT NO. 37616

MAILING ADDRESS 5160 DAPPLE GRAY RD - LV. NV. 89128
Subdivision Name: _____ County: CLARK

2. LOCATION NW 1/4 Sec 32 T 19 N SR 60 E Latitude N 36-15-36.2 UTM E NAD 27
PERMIT/WAIVER No. _____ Longitude W 115-17-39.3 N NAD 83/WGS 84
Issued by Water Resources 125-32-102 Parcel # 011

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
GRAVEL		0	90	
CEMENTED GRAVEL		90	100	
GRAVEL		100	135	
Reddish Sand & GRAVEL		135	250	
GRAVEL		250	410	
GRAVEL & WATER		410	450	
CEMENTED GRAVEL		450	500	
GRAVEL & WATER		500	580	

9. WELL CONSTRUCTION

Depth Drilled 570 Feet Depth Cased 570 Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
	0	80	12 1/4	Inches
	80	570	9"	Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.99	1.188	+2	50
6 1/2	PVE	Well CASING	+1	570

Perforations:

Type of perforation FACTORY

Size of perforation .032

From 490 450 feet to 470 470 feet

From 510 490 feet to 510 feet

From 530 530 feet to 550 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 9 to 50 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: _____

Date started: 8-20-13 20
Date completed: 9-11-13 20

7. Water Level
Static water level: 238 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cool °F
Quality: _____

8. 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 V.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 9-13-13

02/24/2014 by DSB

