

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

OFFICE USE ONLY
Log No. 118976
Permit No. _____
Basin 230

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. 36277

1. OWNER MARY & WILLIAM DEWITT ADDRESS AT WELL LOCATION LANDER ST
MAILING ADDRESS PO BOX 1521 PAHRUMP
SOUTH GATE, CA. 90280-1521 Subdivision Name: LITTLE NV SUBDIVISION County: NYE

2. LOCATION NW 1/4 NW 1/4 Sec 11 T 18S N/S R 49 E Latitude N36°24'33.5" UTM E NAD 27
PERMIT/WAIVER No. 19-481-05 Longitude W116°25'12.3" 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

5. WELL TYPE Cable Rotary RVC
 Air Other

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thickness
LOOSE SAND		0	3	3
SAND & ROCK		3	15	12
CEMENTED-SAND & GRAVEL		15	25	10
SANDY CLAY & GRAVEL		25	80	55
CLAY & GRAVEL		80	105	25
SAND & GRAVEL	WB	105	185	80
CLAY & GRAVEL		185	200	15
DCNR/DWR/SNBO RECEIVED				
SEP 24 2013				

WELL CONSTRUCTION				
Depth Drilled	200	Feet	Depth Cased	200
HOLE DIAMETER (BIT SIZE)				
	From	To		
12	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)
6-5/8	3.63	.280	0	200

Perforations:

Type of perforation SCREEN
Size of perforation .032

From 120 feet to 180 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 50 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: 20-Aug , 20 13
Date completed: 20-Aug , 20 13

7. Water Level
Static water level: 95 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"/> Bailer <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 1426
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 8/20/2013

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

36,4093507 NAD 27
- 116,4192058