

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

OFFICE USE ONLY
Log No. 121474
Permit No. _____
Basin _____

**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. 37266

1. OWNER CHARLES McNamara ADDRESS AT WELL LOCATION 1670 W GEORGENE ST
MAILING ADDRESS 1330 W GEORGENE ST PAHRUMP
PAHRUMP NV Submission Name: GOLDEN SPRING RANCH County: NYE

2. LOCATION NE 1/4 NW 1/4 Sec 32 T 19S N 36 R 53 E Latitude N36°15'36.3" UTM E NAD 27
PERMIT/WAIVER No. 41-583-27 Longitude W116°02'41.2" N NAD 83/WGS 84

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	12	12
CALICHIE		12	18	6
CLAY		18	75	57
CALICHIE	WB	75	90	15
CLAY		90	130	40
CALICHIE	WB	130	145	15
CLAY		145	155	10
CALICHIE	WB	155	170	15
CLAY		170	185	15
CALICHIE	WB	185	200	15

9. WELL CONSTRUCTION

Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>200</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>2.37</u>	<u>.248</u>	<u>0</u>	<u>200</u>

Perforations:

Type of perforation SCREEN

Size of perforation .032

From 140 feet to 200 feet

From _____ feet to _____ feet

From _____ feet to _____ 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: 30-Oct , 20 14

Date completed: 30-Oct , 20 14

7. Water Level

Static water level: 65 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °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 GREAT BASIN DRILLING
Contractor

Address 1220 MANSE RD
Contractor

PAHRUMP NV 89048

Nevada contractor's license number 47333
issued by the State Contractor's Board

Nevada driller's license number issued by the 1426
Division of Water Resources, the _____

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 11/10/2014