

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

OFFICE USE ONLY  
Log No. 121596  
Permit No. \_\_\_\_\_  
Basin No. 105

PRINT OR TYPE IN BLACK INK 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. 72189  
WELL NAME (if applicable): \_\_\_\_\_

1. OWNER/CLIENT NAME Ronald Amin  
MAILING ADDRESS \_\_\_\_\_

DETAILED ADDRESS AT WELL LOCATION 1190 Matsu Hill Meadows  
Subdivision Name: \_\_\_\_\_ County: Clark

2. PLS LOCATION NE 1/4 NW 1/4 11 Sec 12 N/S 19 E  
PERMIT/WAIVER NO. DOM 14-19/29-11-001-011  
Issued by Water Resources Current Parcel No.

Latitude 38°55.442 UTM E  NAD 27  
Longitude 119°48.975 UTM N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Deepen: Orig WL# \_\_\_\_\_  
 Replacement: Original well log # \_\_\_\_\_  
 Recondition: Original well log # \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Monitor  
 Mining / Dewater  Com / Ind  Stock  
 Test / Other  Mun / QM  Rec

5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
 Other

6. LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
Clay			0	35	35
Clay & Sand			35	42	7
Sand			42	48	6
Blacks Sand & Small Gravel			48	103	55
Gravel Small Med			103	107	4
Gravel & OG			107	200	93
NAD 27 38.924176°N 119.815405°W					

9. WELL CONSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
200		200	
HOLE DIAMETER (BIT SIZE)			
From		To	
1 1/2	Inches	0	Feet
11	Inches	17	Feet
	Inches	200	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8		.188	13	20
6 5/8		SDR 21	20	200

PERFORATIONS:  
Type of perforation: Factory  
Size of perforation: 3/32  
From 160 Feet To 200 Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

ANNULAR MATERIALS

<input checked="" type="checkbox"/> Sanitary Seal <u>0</u> to <u>110</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<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 checked="" type="checkbox"/> Concrete Grout <u>0</u> to <u>110</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15 % <input type="checkbox"/> 20 % <input type="checkbox"/> Other, explain: _____		
<input checked="" type="checkbox"/> Gravel Pack [ > 0.2 in. ] <u>110</u> to <u>200</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [ < 0.2 in. ] _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 6-11-14, 20  
Date completed: 6-12-14, 20

7. WATER QUALITIES  
Static water level: \_\_\_\_\_ Feet below land surface  
Artesian Flow: 20+ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: Cold ° Fahrenheit  
Water Quality: Clear

8. WELL TEST DATA			
Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
100'	40		3

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision. This report is true to the best of my knowledge.  
Name: BLAIN DRILLING & PUMP CO INC  
Address: P.O. Box 1255 Carson City, NV 89702  
Nevada contractor's license number as issued by the State Contractor's Board: 46498A  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1321  
Signed: C. Robinson  
Date: 6-16-14