

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

OFFICE USE ONLY
Log No. 123869
Permit No. 43873
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. 35766

1. OWNER Douglas DeWhitt
MAILING ADDRESS

ADDRESS AT WELL LOCATION 255 S. Caronde way
Subdivision Name: _____ County: Nye

2. LOCATION SW 1/4 NW 1/4 Sec 24 T 16 N R 48 E
PERMIT/WAIVER No. 43873 Parcel No. 019 031 28

Latitude 36° 33.039 N UTM E NAD 27
Longitude 116° 31.160 W N NAD 83/WGS 84

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
silt, sand, clay		0	8	8
silt, sand		8	100	92
sand, clay		100	120	20
silt, sand	X	120	250	130
sand, gravel, cobbles	X	250	320	70
sand, gravel	X	320	380	60
clay		380	430	50
sand	X	430	475	45
sand, gravel	X	475	520	45
clay		520	545	25

9. WELL CONSTRUCTION

Depth Drilled 545 Feet Depth Cased 545 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>25</u>	<u>0</u>	<u>545</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>16</u>	<u>62.3</u>	<u>.375</u>	<u>0</u>	<u>545</u>

Perforations:

Type of perforation Factory milled
Size of perforation 3/16 x 2 1/2

From 205 feet to 545 feet

Annular Seal: Yes No

Neat Cement 0 to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 0 to 54 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 54 to 545 Pumped Poured

Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: Mar. 10, 20 12
Date completed: May, 3, 20 12

7. Water Level
Static water level: 128.4 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)
<u>Air lift</u>	<u>600</u>		<u>10 hours</u>
<u>Test pump</u>	<u>2200</u>	<u>132'</u>	<u>52 hours</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Webber Drilling Contractor
Address PO Box 40 Overton, Nv 89040 Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 0025887
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 3030

Signed Bryan Anzalone
By driller performing actual drilling on-site or contractor
Date 9-7-15

(Rev. 05-06) USE ADDITIONAL SHEETS IF NECESSARY
(NSPO 3-08) Replacing well log
24932 36.5507334 NAD
-116.518444 27 (0) 627