

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

OFFICE USE ONLY
Log No. 124093
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. 38182

1. OWNER Rat Victorino ADDRESS AT WELL LOCATION 8385 Rancho
MAILING ADDRESS 8385 Rancho Destino LV NV 89123 Destino
Subdivision Name: _____ County Clark

2. LOCATION SE NW 16 T 22 N S R 61 E Latitude 36.037238 UTM E NAD 27
PERMIT/WAIVER No. NW-16-203-00836 Longitude -115.166242 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sleeved well</u>				
<u>Existing well log # 59355</u>				
<u>N/A</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>8 5/8</u>		<u>+1</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
<u>8 5/8</u>	<u>+1</u>	<u>2.05</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5</u>	<u>Sch 40</u>		<u>65 N</u>	<u>205</u>

Perforations:
Type of perforation Factory Scribe Type
Size of perforation 1/8 in
From 145 ft feet to 205 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout N/A to _____ 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: 10-5-2015 , 20
Date completed: 10-5-2016 , 20

7. Water Level
Static water level: 175 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"/> 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 Vernon H. Dimick Contractor
Address 1304D Horse Dr
Las Vegas NV 89166
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 10-7-15