

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **96669**
 Permit No. **162**
 Basin **162**

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. **28160**

1. OWNER **Michael Hennich**
 MAILING ADDRESS **327 S Bowed**
 2. LOCATION **SP 1/4 NW 1/4 Sec. 34 T 20S**
 PERMIT NO. **40-664-20**
 Issued by Water Resources Parcel No.

ADDRESS AT WELL LOCATION **3271 S Bowed**
 N/S R **S3 E Nye** County
(Cg/walk 09103 UNIT 4A) Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Air
 Rotary
 RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Prepared well with				
Holtz Air Production				
From 160 ft to 50 ft				
Seal				
Pump Bentonite Grout From				
160 ft. to 80 ft. Pump				
Holtz Grout From 80 ft				
to surface				

DCNWDWR RECEIVED
 MAY 26 2005
LAS VEGAS OFFICE

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 1/2	PVC		0	160

Perforations:
 Type perforation **Holtz Air Production**
 Size perforation _____
 From **50** feet to **160** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **160 ft.**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
X Bentonite Grout

9. WATER LEVEL
 Static water level **N.A.** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **4/20/05**
 Date completed **5/7/05**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Grant Basin Drilling** Contractor
 Address **1220 E. Main** Contractor
 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 _____