

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

OFFICE USE ONLY
Log No. 114127
Permit No. _____
Basin 212

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. 35874

1. OWNER Deron Pearson ADDRESS AT WELL LOCATION 8691 GAGNIER
MAILING ADDRESS 26831 PINEHURST DR. LV, NV
VALENCIA, CA 91355 Subdivision Name: _____ County: _____
2. LOCATION NW 1/4 SW 1/4 Sec 16 T 22 N S R 60 E Latitude N 36° 01' - 845 UTM E NAD 27
PERMIT/WAIVER No. 176-16-301-022 Longitude W 115° 16' - 502 N NAD 83/WGS 84

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sleeve Wall				6 5/8"
with 4 1/2" PVC				
Water well Type -				
+ 1 to 760 ft.				
40 ft Perf. 0.32 slots				
120 ft Blank				

Orig log = 27460

9. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 3% Bentonite Grout to _____ Pumped Poured

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

Date started: 4-22-11, 20
Date completed: 4-22-11, 20

7. Water Level
Static water level: 582 ft. 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 5740 N. Tee Pee Ln.
89149 LV, NV
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 4-25-11