

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

OFFICE USE ONLY
Log No. **115766**
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. **366.75**

1. OWNER **Frank + Barbara Mathis** ADDRESS AT WELL LOCATION **8781 MUSTANG**
MAILING ADDRESS **6720 TOTTLEB DR. LV NV 89130**
W. LV NV 89084 Subdivision Name: _____ County: _____

2. LOCATION **SW NE 1/4 Sec 11 T 14 N R 6 E** Latitude **N 36-18-53.6** UTM E NAD 27
PERMIT/WAIVER No. **125-11-601-608** Longitude **W 115-13-52.9** 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 Monitor
 Municipal/Industrial Stock Air Other

5. WELL TYPE
 Cable Rotary RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Caliche		0	40	
Clay + GRAVEL		40	55	
Clay		55	185	
Gravel water		185	205	
Clay		205	840	
Gravel water		840	860	
Clay		860	890	

7. Water Level
Static water level: **145** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **20.1** °F
Quality: _____

9. WELL CONSTRUCTION
Depth Drilled **890** Feet Depth Cased **890** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
12 1/4 Inches	0	50
9 7/8 Inches	50	890

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 3/8	16.9	.188	+2	50
6 5/8	PVC	Sch 40	+1	890

Perforations:

Type of perforation **Saw Cut**
Size of perforation **6" x 1230 times**

From **6.64** feet to **890** feet
From **21 ft lengths** feet to **every other** feet
From **one blank** feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout **0** to **50** 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: _____

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 **73040 HORSE DR.**
HC 38 Box 104, LV NV 89124
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 _____