

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

OFFICE USE ONLY
Log No. 117146
Permit No. _____
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. 36258

1. OWNER GROOM, RICHARD W & SUSAN F
MAILING ADDRESS _____

ADDRESS AT WELL LOCATION 1551 DEERSKIN ST
PAHRUMP
Subdivision Name: UNIT 3 CALVADA WY County: NYE

2. LOCATION SW 1/4 NE 1/4 Sec 35 T 20S N/S R 53 E
PERMIT/WAIVER No. 42-703-02
Issued by Water Resources Parcel No. _____

Latitude N36°10'08.2" UTM E NAD 27
Longitude W115°59'07.9" 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

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
CLAY		0	6	6
CALICHIE		6	28	22
CLAY		28	45	17
CALICHIE		45	60	15
CLAY		60	85	25
CALICHIE	WB	85	110	25
CLAY		110	130	20
CALICHIE	WB	130	160	30
CLAY		160	175	15
CALICHIE	WB	175	193	18
CLAY		193	200	7

WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
200		200		
HOLE DIAMETER (BIT SIZE)				
	From	To		
12-1/4	Inches	0	Feet	200
	Inches		Feet	
	Inches		Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.280	0	200

Perforations:
Type of perforation SCREEN
Size of perforation .032
From 140 feet to 200 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 50 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 29-Apr , 20 13
Date completed: 29-Apr , 20 13

7. Water Level
Static water level: 80 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

WELL TEST DATA		
TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Time (Hours)
	Draw Down (Feet Below Static)	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name GREAT BASIN DRILLING
Contractor
Address 1220 MANSE RD
Contractor
PAHRUMP, NV 89048
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 2485
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 10-May-13