

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

OFFICE USE ONLY
Log No. **117550**
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

1. OWNER **CHRIS NIKKIMAUJI** ADDRESS AT WELL LOCATION **8335 Rancho Destino**
MAILING ADDRESS **8355 Rancho Destino** **LV. NV. 89123**
LV. NV. 89123 Subdivision Name: _____ County: **CLARK**

NOTICE OF INTENT NO. **36602**

2. LOCATION **SE 1/4 NW 1/4 Sec 16 T 22 N S R 61 E** Latitude **N 36-02-15** UTM E _____ NAD 27
PERMIT/WAIVER No. **177-16-203-006** Longitude **W 115-09-54.0** 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sleeve Well				
10 FT BLANK ON BOTTOM				
100 FT PERF .032				
183 FT BLANK				
4 1/2" F480 PVC CASING				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet	
HOLE DIAMETER (BIT SIZE)				
	From	To		
	Inches	Feet	Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.2	1.88	±1	300

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
 ≥30% Bentonite Grout to _____ Pumped Poured

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

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

7. Water Level
Static water level: **120** 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 **HC 38 Box 104, LV. NV. 89066** Contractor

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 **VH Dimick**
By driller performing actual drilling on-site or contractor
Date **2-22-13**

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

MAR 06 2013

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