

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

OFFICE USE ONLY
Log No. 120438
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. 37656

1. OWNER Richmond American Homes ADDRESS AT WELL LOCATION unknown
MAILING ADDRESS 77725 DEAN MARTIN DR. Subdivision Name: _____ County: CLARK

2. LOCATION SW 1/4 Sec 10 T 19N S R 60 E Latitude 36° 18' 22.02 N Longitude 115° 15' 19.43 W
PERMIT/WAIVER No. R-1655 125-10-406-009 Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other ABANDON

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>ABANDON Well</u>		<u>500</u>	<u>0</u>	
<u>NEAT CEMENT PLACED WITH TAPLINE PIPE - BOTTOM UP, 8 5/8" CASING - CEMENT 5 SACK MIX</u>		<u>0-5 ft</u>		
<u>original well log 24549</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>12 1/4</u>		<u>0</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	Inches	To
<u>12 1/4</u>	<u>0</u>	<u>500</u>	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8"</u>	<u>13.9</u>	<u>0.139</u>	<u>50</u>	<u>500</u>
<u>8 5/8"</u>	<u>13.9</u>	<u>0.139</u>	<u>51</u>	<u>500</u>

Perforations:
Type of perforation 1/4 x 3
Size of perforation 1/4 x 3
From 50 feet to 500 feet
From _____ feet to _____ feet
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: _____

Date started: 6/19 20 14
Date completed: 6/20 20 14

7. Water Level
Static water level: 8.5 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			
<u>DCNR/DWR/SNBO RECEIVED</u>			
<u>JUN 20 2014</u>			

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 13040 HORSE DR Contractor
LV. NV. 89166
Nevada contractor's license number 10062
issued by the State Contractor's Board
Nevada driller's license number issued by the 552
Division of Water Resources, the on-site driller
Signed V.H. Dimick
By driller performing actual drilling on-site or contractor
Date 6-20-14