

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

OFFICE USE ONLY
Log No. 120930
Permit No. _____
Basin 207

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. 70932

1. OWNER Jerry Lemming
MAILING ADDRESS PO Box 12 Overton NV
89040
2. LOCATION SE 1/4 SW 1/4 Sec 34 T 5 S R 67 E
PERMIT/WAIVER No. 005-231-27

ADDRESS AT WELL LOCATION Pioche NV 89043
Subdivision Name: Mt Wilson County: Lincoln
Latitude N38° 14.837 UTM E NAD 27
Longitude W114° 27.356 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	Thickness
<u>Sand - Boulders</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>Fragilized Rock</u>	<u>X</u>	<u>3</u>	<u>9.5</u>	<u>9.2</u>
<u>Hard Rock</u>		<u>9.5</u>	<u>10.5</u>	<u>1.0</u>

7' of 6" steel casing was grouted over to 111' PVC at surface

9. WELL CONSTRUCTION
Depth Drilled 105 Feet Depth Cased 105 Feet
HOLE DIAMETER (BIT SIZE)
10" From 0 To 105
Inches Feet Feet Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/2</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>105</u>

Perforations:
Type of perforation saw cut
Size of perforation 1/8" x 3/11"
From 55 feet to 105 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 50 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 50 to 105 Pumped Poured
Type: 1/4" minus
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 9-28-2014, 20
Date completed: 10-7-2014, 20

7. Water Level
Static water level: 56 feet below land surface
Artesian Flow: 0 G.P.M. P.S.I.
Water Temperature: cold °F
Quality: good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>		<u>1 hr</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Davis Drilling and Pumps Contractor
Address HC 61 Box 54 Contractor
Hiko NV 89017
Nevada contractor's license number _____
issued by the State Contractor's Board 6028966
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191
Signed Mike Davis
By driller performing actual drilling on-site or contractor
Date 10-2-2014

RECEIVED
2014 OCT -9 AM 11:34
STATE ENGINEERS OFFICE

Nad 27
392419325 W
114.45568 W