

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

OFFICE USE ONLY
Log No. 21044
Permit No. _____
Basin No. 107

PRINT OR TYPE IN BLACK INK 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. 0923
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Thomas Smith
MAILING ADDRESS 17 Colony Estates
Wellington, NV 89404

DETAILED ADDRESS AT WELL LOCATION 17 Colony Estates
Subdivision Name: _____ County: Clark

2. PLS LOCATION SE 1/4 SE 1/4 34 Sec 11 N/S 23 E
PERMIT/WAIVER NO. 009-141-02
issued by Water Resources Current Parcel No.

Latitude 3846.196 UTM E NAD 27
Longitude 11423.577 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# 90414?
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Corn / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG					
Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Gravel			190	262	72
Brown clay			262	269	7
Fine sand			269	276	7
Fine sand and coarse sand			276	285	9
Brown clay			285	293	8
Large sand & med gravel			293	350	57

9. WELL CONSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
350		350	

HOLE DIAMETER (BIT SIZE)			
From	To	Feet	Feet
6 1/8	190	350	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5		.188	180	350

PERFORMANCES:
Type of perforation: factory
Size of perforation: .000
From 350 Feet To 290 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS
 Sanitary Seal _____ to _____
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Bentonite Grout _____ to _____ Pumped Poured
 15 % 20 % Other, explain: _____
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 9-30 20 14
Date completed: 10-2 20 14

7. WATER QUALITIES
Static water level: 180 Feet below land surface
Artesian Flow: N/A G.P.M. 25+ P.S.I.
Water Temperature: Cold ° Fahrenheit
Water Quality: clear

8. WELL TEST DATA			
Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
	<u>25+</u>		<u>5</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: BLAIN DRILLING & PUMP CO INC
P.O. Box 1255
Carson City, NV 89702
Address: _____ Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 46499A
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2328
Signed: C. Robinson
By driller performing actual drilling on site or contractor
Date: 10-6-14