

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

OFFICE USE ONLY
Log No. 125568
Permit No. _____
Basin No. 212

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. 38165
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Emilio Venzelzi
MAILING ADDRESS 3546 PROCVON-ST
Las Vegas-NV 89130

DETAILED ADDRESS AT WELL LOCATION Vickie Ave
Subdivision Name: _____ County: CLARK

2. PLS LOCATION SE 1/4 NW 1/4 19 Sec 22 T26N R10E
PERMIT/WAIVER NO. 177-19-203-005
Issued by Water Resources Current Parcel No.

Latitude 36.023275 JTM E
Longitude -115.202617 T1M N
 NAD 27
 NAD 83/WGS 84

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

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / 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			0	255	
GRAVEL + WATER	30		255	285	
GRAVEL + Cemented Gravel					
STRECKS			285	305	
GRAVEL + water	90		305	395	

9. WELL CONSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
395		395	
HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
12 1/4	0	50	
9 7/8	50	300	
8 3/4	300	395	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8		.188	+2	50
7	5ch-80	PVC	+1	395

PERFORATIONS:
Type of perforation: FACTORY
Size of perforation: 1/8" SLIT TYPE
From 3.55 Feet To 29.5 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

<input type="checkbox"/> Sanitary Seal _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout <u>3/8" - 50</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout <u>minils</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Grout _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> Other, explain: _____		
<input type="checkbox"/> Gravel Pack [> 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

DCNR/DWR/SNBO
RECEIVED
FEB 22 2016

Date started: 2-1-2016 :20
Date completed: 2-22-2016 :20

7. WATER QUALITIES
Static water level: 235 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: WARM ° Fahrenheit
Water Quality: _____

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>135</u>		<u>2 hrs.</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name VERNON H DIMICK
Contractor
Address 13040 HORSE DR. LV NV. 89166
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 10062
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 552
Signed: V.H. Dimick
By driller performing actual drilling on site or contractor
Date: 2-22-2016

01-27-2017 BY DSB

