

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

OFFICE USE ONLY
Log No. 125591
Permit No. 80015
Basin No. _____

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. 38174
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Bills Revocable Trust Mailing Address Childress Wm + OSCAR 7051 Rebecca LV NV MAILING ADDRESS
DETAILED ADDRESS AT WELL LOCATION 6940 W. Rainbow Blvd LV NV 89131
Subdivision Name: _____ County: CLARK

2. PLS LOCATION SW 1/4 NW 1/4 23 Sec 19 N/S 60 E Latitude 36° 17' 12.16" UTM E NAD 27
PERMIT/WAIVER NO. 80015 125-23-201 Longitude 115° 14' 20.7" UTM N NAD 83/WGS 84
Issued by Water Resources Current Parcel No. 001

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

4. PROPOSED USE
 Domestic Irrigation Monitor Auger Rotary RVC
 Mining / Dewater Corn / Ind Stock Air Mud Sonic
 Test / Other Mun / QM Rec Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thick-ness
Sandy clay			0	100	
Sandstone + water			100	120	
Sandy clay			120	280	
Sandstone +			280	300	
Sand + clay			300	480	
Sandstone + water			480	540	
Sand + clay			540	600	
Sandy clay + water			600	640	
Sandy clay			640	660	
Sandstone + water			660	700	

9. WELL CONSTRUCTION

Depth Drilled: _____ Feet
Depth Cased: _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet
12 1/4	0	700

CASING SCHEDULE:

Size O.D. (Inches)	Weight/Wt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 7/8		1.88	12	670
6-9		480 PVC	660	700

PERFORATIONS:

Type of perforation: Saw Cut + Drilled

Size of perforation: Saw Cut 1/4" x 8" Drilled 1/4" x 5" Lines 8' to 10 FT

From	To	Feet
280	480	
560	700	

ANNULAR MATERIALS

<input type="checkbox"/> Sanitary Seal <u>980</u> to <u>160</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout _____ to _____	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout <u>0</u> to <u>160</u>	<input type="checkbox"/> Pumped	<input checked="" 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.] <u>160</u> to <u>700</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] <u>17 1/2</u> to <u>190</u>	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 4-22, 20 16
Date completed: 5-24, 20 16

7. WATER QUALITIES

Static water level: 105 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>200</u>	<u>UNKNOWN</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: 8605 W Cougar Ave, LV, NV, 89148 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: 5-26-16