WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 45865 In Book
Permit No.
Basin 213

NOTICE OF INTENT NO. 10567

1. OWNER Planning Group
MAILING ADDRESS P.O. Box 69 Bullhead City, AZ 86430
ADDRESS AT WELL LOCATION Riverside Hotel & Casino 1650 Casino Dr - Laughlin

2. LOCATION ¼ NW ¼ Sec. 13 T 32 N/S R 66 E Clark County
PERMIT NO. MO-2095 & 2095A (Issued by Water Resources) Parcel No. Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ 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
Well casing destroyed and hole filled w/ bentonite chips and concrete slurry		0	30'	

RECEIVED
SEP 02 1994
Div. of Water Resources
Branch Office - Las Vegas, NV

Date started Aug 29, 1994
Date completed Aug 29, 1994

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)
____ Inches ____ Feet (From) ____ Feet (To)
____ Inches ____ Feet (From) ____ Feet (To)
____ Inches ____ Feet (From) ____ Feet (To)

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Ti At c/o LSTI (Contractor)
Address 3611 W. Tompkins Ave (Contractor)
Las Vegas NV 89103
Nevada contractor's license number issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1761
Signed ____ (By driller performing actual drilling on site or contractor)
Date 8/24/94

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627