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

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

OFFICE USE ONLY
Log No. 47731
Permit No.
Basin 212

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. 14426

1. OWNER BROADBENT & ASSOC C/O CLARK COUNTY SANITATION DIST
MAILING ADDRESS 5857 E. FLAMINGO RD LAS VEGAS, NV
ADDRESS AT WELL LOCATION 5845 E. FLAMINGO RD

2. LOCATION NW ¼ NW ¼ Sec. 22 T. 21 N/S R. 62 E/W CLARK County
PERMIT NO. UNKNOWN (Issued by Water Resources) 240-030-002 (Parcel No.) Subdivision Name

3. WORK PERFORMED: ☐ New Well ☐ Replace ☐ Recondition ☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE MW-10: ☐ Domestic ☐ Irrigation ☐ Test ☐ Municipal/Industrial ☒ Monitor ☐ Stock

5. WELL TYPE: ☐ Cable ☐ Rotary ☐ RVC ☐ Air ☒ Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
WELL WAS PVC 4" 25' DEEP AND WAS DRILLED OCT 1992 BY KLEINFELDER				
PLUGGED WITH NEAT CEMENT TO GROUND SURFACE				

Date started 5-19 1995
Date completed 5-19 1995

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 ____ From ____ Feet To ____ Feet
Inches ____ From ____ Feet To ____ Feet
Inches ____ From ____ Feet To ____ Feet

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

DCNR/DWR Received JUN 22 1995 LAS VEGAS OFFICE

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 THOMAS HIGH
Contractor
Address 4670 SO. POLARIS 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 M1869
Signed ____ By driller performing actual drilling on site or contractor
Date 6-13-95

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 1-91) (O)-627