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

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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

OFFICE USE ONLY
Log No. 47745
Permit No.
Basin 212

NOTICE OF INTENT NO. 14426

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

2. LOCATION NW ¼ NW ¼ Sec. 22 T. 21 N/S R. 62 E. 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-1
☐ 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 20' deep				
2" PVC AND WAS				
DRILLED BY KLEINFELDER				
IN 1988				
PLUGGED WITH				
NEAT CEMENT TO				
GROUND SURFACE				

DCNR/DWR Received JUN 22 1995 LAS VEGAS OFFICE

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)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	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
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 THOMAS HIGH
Address 4670 S. POLARIS AVE 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

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