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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

MW-15

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. 66406
Permit No.
Basin 212

NOTICE OF INTENT NO. 8257

1. OWNER Fitzgerald Estate
MAILING ADDRESS 5759 Alfred
LV NV 89108

ADDRESS AT WELL LOCATION Stewart between 11th & Maryland

2. LOCATION NE ¼ NE ¼ Sec. 34 T. 20 N/S R. 61 E. Clark County

PERMIT NO. | 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 |
|---|---|---|---|---|
| Abandoned | | | | |
| 5 Sack 3/4 Rock | | 0 | 1 | 1 |
| 10 Sack Slurry | | 1 | 26 | 25 |

RECEIVED
MAY 03 1993
Div. of Water Resources
Branch Office - Las Vegas, NV

Date started 3/23, 1993
Date completed 3/24, 1993

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 (Contractor) DON WILSON / CCSW
Address (Contractor) 4670 S. POLARIS AV.
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 M 1589

Signed ____
By driller performing actual drilling on site or contractor

Date

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