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. 70167
Permit No.
Basin

NOTICE OF INTENT NO. 16867

1. OWNER BAT RENTALS
MAILING ADDRESS 2771 S INDUSTRIAL RD LV, NV
ADDRESS AT WELL LOCATION 2771 S INDUSTRIAL RD LV, NV

2. LOCATION SW ¼ NW ¼ Sec. 09 T 21 N/S R 61 E/W Clark County
PERMIT NO. 2132 (Issued by Water Resources) | 162-09-203 -003 (Parcel No.) | N/A (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
Drill out 4" well				
TO 18'				

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

HOLE DIAMETER (BIT SIZE)

		From		To	
6"	Inches	0	Feet	18'	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 18'
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 12½ 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 Western Technology (Contractor)
Address 3611 W Tompkins (Contractor)
LV 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-1761
Signed ____ (By driller performing actual drilling on site or contractor)
Date 8-25-97

Date started 8-23-97, 19
Date completed 8-23-97, 19

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

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

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 3-91) (O)-627