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. 75346
Permit No.
Basin 212

NOTICE OF INTENT NO. 18280

1. OWNER Clark County Department of Aviation
MAILING ADDRESS P.O. Box 11005
Las Vegas, NV 89111-1005

ADDRESS AT WELL LOCATION 699 Wright Brothers Lane, Las Vegas, NV 89119; McCarren International Airport

2. LOCATION NE 1/4 NW 1/4 Sec. 34 T 21S N/S R 61E E Clark County
PERMIT NO. MO-2687 Issued by Water Resources | 162-34-201-001 Parcel No. | MW-4 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 |
|---|---|---|---|---|
| Attempted to pull casing; plugged well with neat cement. | | | | |

DCNR/DWR Received MAR 19 1999 LAS VEGAS OFFICE

Date started 1/14/1999 , 19__
Date completed 1/14/1999 , 19__

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 Don Wilson c/o Converse Consultants (Contractor)
Address 731 Pilot Road, Suite H (Contractor)
Las Vegas, NV 89119
Nevada contractor's license number issued by the State Contractor's Board 0034757
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1589
Signed ____ (By driller performing actual drilling on-site or contractor)
Date 03/17/99

USE ADDITIONAL SHEETS IF NECESSARY