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. 80290
Permit No.
Basin 212

NOTICE OF INTENT NO. 19749

1. OWNER LEE WILDER
MAILING ADDRESS WELL #1

ADDRESS AT WELL LOCATION
DECATUR & MADRE MESA 3 Wells on Property
2733 Stars End St

2. LOCATION NE ¼ SE ¼ Sec. 13 T 20 N/S R 60 E CLARK County

PERMIT NO. (Issued by Water Resources) | Parcel No. 138-13-701-048 | 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
DEPTH - 160 FT.				
CASING - 8"				
STATIC LEVEL - 30 FT.				
CLEANED WELL TO BOTTOM WITH DRILL RIG.				
ATTEMPTED TO PERFORATE CASING, BUT COULD NOT BECAUSE CASING WAS DETERIORATED.				
SET TREMIE PIPE TO BOTTOM AND PUMPED 69 SACKS OF PORTLAND CEMENT FROM BOTTOM TO TOP OF WELL.				

Date started 5/18/00, 19XX
Date completed 7/6/00, 19XX

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 WATER WELL SERVICES (Contractor)
Address 6475 GARY AVE. (Contractor)
LAS VEGAS, NV 89139

Nevada contractor's license number issued by the State Contractor's Board 22311B

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594

Signed ____ (By driller performing actual drilling on site or contractor)

Date 7/10/00

(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

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