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. 81522
Permit No.
Basin 212

NOTICE OF INTENT NO. 21622

1. OWNER CRAIG MICHAEL
MAILING ADDRESS
ADDRESS AT WELL LOCATION 4327 W. SUNSET RD. L.V.

2. LOCATION NW ¼ NE ¼ Sec. 6 T. 22 N/S R. 61 E. CLARK County
PERMIT NO. (Issued by Water Resources) | Parcel No. 177-06-501-006 | 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
6 INCH CASING				
SWL - 250 FT. (LAST KNOWN)				
TD - 457 FT. (LOG)				
ATTEMPTED TO PULL PUMP FROM WELL.				
COULD NOT PULL PUMP.				
CASING CAVED IN AT 225 FT.				
PUMPED 60 SACKS PORTLAND CEMENT				
TO SURFACE.				

BCNR/DWR Received NOV 15 2000 LAS VEGAS OFFICE

Date started 10/30/00, XX
Date completed 11/2/00, XX

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)
____ Inches ____ Feet From ____ Feet To
____ Inches ____ Feet From ____ Feet To
____ Inches ____ Feet From ____ Feet To

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 11/2/00

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