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. 83215
Permit No.
Basin 212

NOTICE OF INTENT NO. 22119

1. OWNER CHOI KYUNG SON KIM KYONG
MAILING ADDRESS 5467 E OWENS AVE
LAS VEGAS, NV 89110

ADDRESS AT WELL LOCATION 5467 E OWENS AVE
LAS VEGAS, NV

2. LOCATION N ¼ NW ¼ Sec. 28 T. 20 N/S R. 62 E. CLARK County
PERMIT NO. Issued by Water Resources | Parcel No. 140-28-111-032 | 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
Abandon 1 water well				
8 5/8" casing				
180' to bottom of well				
40' static water				
Perforate 90' to 50' due to				
break in casing @ 90'.				
Poured 3.5 yards of 27 sack				
neat cement via 160' trimmie.				
from bottom to top.				

Date started 6/4, 2001
Date completed 6/5, 2001

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 Millsknife
Size perforation 1/4"x3/8"x4 around
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 ALLEN DRILLING INC. (Contractor)
Address 4847 S. VALLEY VIEW (Contractor)
LAS VEGAS, NV 89103
Nevada contractor's license number issued by the State Contractor's Board 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS2117
Signed ____ (By driller performing actual drilling on site or contractor)
Date 6/13/01

DCNR/DWR Received JUN 13 2001 LAS VEGAS OFFICE

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