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. 85618
Permit No.
Basin 212

NOTICE OF INTENT NO. 15864

1. OWNER GERARDO FERNANDEZ
MAILING ADDRESS 6870 HINSON
ADDRESS AT WELL LOCATION 6870 HINSON

2. LOCATION SE ¼ NE ¼ Sec. 06 T. 22 S R. 61 E. CLARK County
PERMIT NO. LWC 57987 (Issued by Water Resources) 177-06-602-027 (Parcel No.) 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
BALED TO BOTTOM - 300'				
PERFORATED FROM 300' TO 50'				
PUMPED 8 YARDS OF NEAT CEMENT				
FROM BOTTOM TO 5' BELOW SURFACE				
CUT CASING AT 5' AND BACKFILL				

DCNR/DWR RECEIVED FEB 19 2002 LAS VEGAS OFFICE

Date started 2-5-02, 19
Date completed 2-6-02, 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)

PLUGGED BY GWMP
ORIG PLUG LOG # 57987

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 B.C. WIEGER GROUP INC (Contractor)
Address 4145 ARCTIC SAR INC (Contractor)
LAS VEGAS NV 89115
Nevada contractor's license number issued by the State Contractor's Board 035869
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2024-T2
Signed (By driller performing actual drilling on site or contractor)
Date 2-17-02

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