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. 85842
Permit No. 47017
Basin 212

NOTICE OF INTENT NO. 23242

1. OWNER Longo Vito A
MAILING ADDRESS 956 Branosten Rd.
San Carlos CA 94070

ADDRESS AT WELL LOCATION 1525 Pama
~~Las Vegas~~ Paradise

2. LOCATION SE ¼ NW ¼ Sec. 02 T 22 N/(S) R 61 E Clark County
PERMIT NO. 47017 (Issued by Water Resources) 177-02-201-030 (Parcel No.) Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE Commercial
☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Pulled Pump				
Perforated From 378' To 50'				
Pumped 8 yards Neat Cement From Botten To Surface				
Cut Casing At 5' And Backfilled				

LV DIVISION RECEIVED ... LAS VEGAS OFFICE

Date started 4-18-02, 19
Date completed 4-22-02, 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)

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.L. Weber Group, Inc (Contractor)
Address 4145 Arctic Spring (Contractor)
Las Vegas NV 89115

Nevada contractor's license number issued by the State Contractor's Board 035639

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2024-T2

Signed [signature] By driller performing actual drilling on site or contractor

Date 4-25-02

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