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. 85845
Permit No.
Basin 212

NOTICE OF INTENT NO. 23468

1. OWNER ANDERSON, ALLEN R. & PAULA D
MAILING ADDRESS 2921 E SERENE AVE HENDERSON NV 89074
ADDRESS AT WELL LOCATION 2921 E. SERENE AVE HENDERSON NV 89074

2. LOCATION NE ¼ SW ¼ Sec. 24 T. 22 N/S R. 61 E. CLARK County
PERMIT NO. Issued by Water Resources | 177-24-303-005 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
PULL PUMP				
PERFORATE FROM 293' TO 110'				
PUMPED 6½ YARDS NEAT CEMENT FROM BOTTOM TO SURFACE				
CUT CASING AT 3' AND BACKFILLED				

DCNR/DWR RECEIVED APR 24 2002 LAS VEGAS OFFICE

Date started 3-14-02, 19
Date completed 3-25-02, 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
PLUGGED BY GWMP
ORIG PLUG LOG # 57371
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 4-23-02

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