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. 86794
Permit No.
Basin 212

NOTICE OF INTENT NO. 23864

1. OWNER SHELLENBARGER, SUSAN SEP PPTY TR
MAILING ADDRESS 5690 RIO VISTA ST.
LAS VEGAS NV 89130

ADDRESS AT WELL LOCATION 5690 RIO VISTA ST.
UNINCORP COUNTY

2. LOCATION SW ¼ SE ¼ Sec. 27 T. 19 N/S R. 60 E. CLARK County
PERMIT NO. (Issued by Water Resources) Parcel No. 125-27-802-002 Subdivision Name

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

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
PERFORATE FROM 300' TO 100'				
PUMP 7 YARDS NEAT CEMENT				
FROM BOTTOM TO SURFACE				
CUT CASING @ 5' & BACKFILL				

DCNR/DWR
RECEIVED
AUG 21 2002
LAS VEGAS OFFICE

Date started 8-14, 2002
Date completed 8-19, 2002

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 150' 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 (Contractor) B. L. WEBER GROUP INC
Address (Contractor) 4145 ARCTIC SPRING
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 R+PLTO-2220
Signed (By driller performing actual drilling on site or contractor)
Date 8-19-02

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627