

#85

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 91152
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Waiver # R-1219
NOTICE OF INTENT NO. 25798

1. OWNER Perez R + M Living Trust ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 7883 Harbour Towne Ave 5631 S. Pecos Rd.
Las Vegas, NV 89113-1386
2. LOCATION SE 1/4 SE 1/4 Sec 25 T 21 N R 61 E Clark County
PERMIT NO. 162-25-801-026 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other Plug
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
<u>Sounded Bottom @ 158'</u>				
<u>Waiver # R-1219</u>				
<u>Pumped 3 yds neat cement from bottom to surface</u>				
<u>Cut casing @ cement slab flush</u>				

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
Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

Date started November 12, 2003
Date completed November 20, 2003

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
Static water level Artesian 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 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 R+PLH 2248
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 11-20-03