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. 91778
Permit No. 54527
Basin 212
Waiver # R-1226
NOTICE OF INTENT NO. 25177

1. OWNER George & Sharon Fgi
MAILING ADDRESS 650 18th st
Manhattan Beach Ca. 90266
ADDRESS AT WELL LOCATION 420 Probst Way

2. LOCATION SW ¼ NE ¼ Sec. 35 T. 20 N/S R. 62 E. Clark County
PERMIT NO. Log # 37688 (Issued by Water Resources) | 140-35-601-041 (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
Sounded bottom @ 416 feet				
Waiver # R-1226				
pumped 9 yards of neat cement from bottom to surface				
cut casing @ surface				
Plugging of log # 37688				
Permit # 54527				

DCNR/DWR RECEIVED JAN 15 2004 LAS VEGAS OFFICE

Date started January 9, 2004
Date completed January 12, 2004

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 225 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 D.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 RDP 42248
Signed [signature] (By driller performing actual drilling on site or contractor)
Date January 12, 2004

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