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. 92625
Permit No.
Basin 212

NOTICE OF INTENT NO. 26031

1. OWNER Thongphon Sitiwatjang
MAILING ADDRESS 343 Madge Lane
Las Vegas Nv, 89110
ADDRESS AT WELL LOCATION same

2. LOCATION SW ¼ NW ¼ Sec. 34 T. 20 N/S R. 62 E. Clark County
PERMIT NO. none, Log # 58461 (Issued by Water Resources) | 140-34-310-003 (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 @ 155 feet				
Bailed 15 feet				
Perforated from 170 feet to 50 feet.				
poured 4 yards heat cement from bottom to Surface				
cut casing flush with cement Slab				

DCNR/DWR
RECEIVED
FEB 09 2004
LAS VEGAS OFFICE

Date started January 23, 2004
Date completed February 9, 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 20 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 035369
Nevada driller's license number issued by the Division of Water Resources, the on-site driller R+P 2248
Signed [signature] (By driller performing actual drilling on site or contractor)
Date February 9, 2004

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