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. 92888
Permit No.
Basin 104

NOTICE OF INTENT NO. 53390

1. OWNER Las Vegas Paving
MAILING ADDRESS 4820 S Decatur
Las Vegas NV

ADDRESS AT WELL LOCATION XL-23-57.67
on Longa West side of St.

2. LOCATION SW ¼ NW ¼ Sec 09 T 15 N/S R 20 E County Carson City NV
PERMIT NO. DEW-43 (Issued by Water Resources) Parcel No. Subdivision Name

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

4. PROPOSED USE (Temp Dewat.)
☐ Domestic ☐ Irrigation ☐ Test
☒ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☒ Other BUCKET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ABANDON (1) MONITORING WELL				
Pull Casing-Vacuum gravel Pac FROM SURFACE TO 10ft.				
Seal Concrete GROUT from 10ft to SURFACE.				

RECEIVED 04 MAR 10 AM 11:38 STATE ENGINEERS OFFICE

Date started 3-8, 2004
Date completed 3-8, 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
24" Inches	0 Feet	40 Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	ASTM	F.480	0	40

Perforations:
Type perforation Slot
Size perforation .032
From 20 feet to 40 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 10ft to Surface
Placement Method: ☐ Pumped ☒ Poured trimie
Seal Type: ☐ Neat Cement ☒ Cement Grout ☐ Concrete Grout

Gravel Packed: ☒ Yes ☐ No
From 10 feet to 40 feet

9. WATER LEVEL
Static water level 12 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 Griffin Dewatering (Contractor)
Address 5160 E Mitchell (Contractor)
Ontario Cal 91761
Nevada contractor's license number issued by the State Contractor's Board 31246
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABD4-1150
Signed ____ By driller performing actual drilling on site or contractor
Date 3-8-04

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