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. 41485
Permit No.
Basin

NOTICE OF INTENT NO. 10167

1. OWNER NEVADA POWER CO.
MAILING ADDRESS C/O CONVERSE CONSULTANTS 4670 S. POLARIS AV. LV, NV 89103
ADDRESS AT WELL LOCATION NEVADA POWER CO. REID GARDNER STA. P.O. BOX 77 MOAPA, NV 89025

2. LOCATION NW ¼ SE ¼ Sec. 5 T. 15 N/S R. 66 E. CLARK County
PERMIT NO. Issued by Water Resources | Parcel No. | Subdivision Name

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

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
- 10 FT. DEEP WELL				
- CASING PULLED				
- HOLE SEALED W/ 10 SACK SLURRY				

RECEIVED
MAY 06 1993
Div. of Water Resources
Branch Office - Las Vegas, NV

Date started APRIL 14, 19 93
Date completed APRIL 14, 19 93

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 ____ 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 RICHARD LEBLANC
Address 4670 S. POLARIS AV. LAS VEGAS, NV 89103
Nevada contractor's license number issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1817
Signed ____ By driller performing actual drilling on site or contractor
Date 05.03.93

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(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

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