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. 70946
Permit No.
Basin 212

NOTICE OF INTENT NO. 16719

1. OWNER KALB CONSTRUCTION
MAILING ADDRESS
ADDRESS AT WELL LOCATION

2. LOCATION NE ¼ NW ¼ Sec. 2 T. 20 N/S R. 60 E. CLARK County
PERMIT NO. (Issued by Water Resources) 138-02-101-007-008 (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 |
|---|---|---|---|---|
| ABANDON WELL TO STATE SPECIFICATIONS | | | | |
| PLUGGED WELL FROM 120 FT. TO SURFACE | | | | |
| WITH NEET CEMENT | | | | |

Date started 4/15, 1998
Date completed 4/15, 1998

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)
____ Inches ____ Feet (From) ____ Feet (To)
____ 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 WATER WELL SERVICES (Contractor)
Address 6475 GARY AVE. (Contractor)
LAS VEGAS, NV 89139

Nevada contractor's license number issued by the State Contractor's Board: 22311B
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 694

Signed (By driller performing actual drilling on site or contractor)
Date 4/16/98

(Rev. 3-91)

USE ADDITIONAL SHEETS IF NECESSARY

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