w/c

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. 86436
Permit No.
Basin 212

NOTICE OF INTENT NO. 23237

1. OWNER Schlageter Joseph & Rita Fam Tr
MAILING ADDRESS 6457 W Brooks Ave
Las Vegas, NV 89108-4361

ADDRESS AT WELL LOCATION
Lot N of 2520 Apricot
Las Vegas, NV

2. LOCATION SW ¼ SE ¼ Sec. 13 T. 20 (N/S) R. 60 E County

PERMIT NO. Issued by Water Resources | 138-13-801-002 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
Cleaned well		71 ft	118 ft	
perforated well		118 ft	45 ft	
pumped neat cement from Bottom to top		118 ft	Surface	

DCNR/DWR
RECEIVED
JUL 23 2002
LAS VEGAS OFFICE

Date started 7-17-2002, 2002
Date completed 7-24-2002, 2002

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 Inc (Contractor)
Address 4145 Artic 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 2024-T-1
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 7-24-02

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