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. 86798
Permit No.
Basin 212

NOTICE OF INTENT NO. 23225
R-1115

1. OWNER Margrett D + Neil E Alexander
MAILING ADDRESS 3325 Smoke Tree
Las Vegas NV 89120

ADDRESS AT WELL LOCATION 3325 Smoke Tree
Las Vegas NV

2. LOCATION SE ¼ NE ¼ Sec 01 T 22 N/S R 61 E Clark County

PERMIT NO. LOC-54832 (Issued by Water Resources) 177-01-602-004 (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
Pull 147' of Pump				
Sound Well @ 174' 6"				
Bail To 342'				
Casing Probcbm @ 96' Preventing Perforator To Pass				
Pumped 7 yards Neat Cement From Bottom To Surface				
Cut Casing At 5' And Backfill.				

SCNR/DWR
RECEIVED
MAY 2002
LAS VEGAS OFFICE

Date started 4-23-02, 19
Date completed 5-8-02, 19

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 B. L. Weber Group Inc (Contractor)
Address 4145 Arctic 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 2024-72

Signed Allan L Hodgkins
By driller performing actual drilling on site or contractor

Date 5-16-02

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