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. 86800
Permit No.
Basin 212
WAIVER - R-1119
NOTICE OF INTENT NO. 23230

1. OWNER SRODES LLC
MAILING ADDRESS 7508 MOUNTAIN QUAIL AVE
LAS VEGAS NV 89131
ADDRESS AT WELL LOCATION 5695 N. RAINBOW
UNINCORP COUNTY

2. LOCATION NE ¼ SE ¼ Sec. 27 T. 19 N/S R. 60 E. CLARK County
PERMIT NO. Issued by Water Resources
125-27-803-005 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
SOUNDED WELL TO 350' - NOTED				
OBSTRUCTION @ 280'				
WIRE BRUSHED TO 280'				
PERFORATED FROM 268' TO 20'				
PUMPED 7 YARDS NEAT CEMENT				
FROM BOTTOM TO SURFACE				
CUT CASING @ 5' AND BACKFILL				

RECEIVED
JUN 0 3 2002
LAS VEGAS OFFICE

Date started 5-9-02, 19
Date completed 5-17-02, 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. WEBBE GROUP INC (Contractor)
Address 4145 ARCTIC SPRING AVE (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-T2
Signed Allen C Hoskins (By driller performing actual drilling on site or contractor)
Date 6-2-02

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