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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 23470
 WAIVED R-1121

1. OWNER GEORGE + LINDA O HANEY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5220 MAVERICK ST LAS VEGAS NV 89130 _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 35 T. 19 N. R. 60 E CLARIC County _____
 PERMIT NO. 125-35-604-011 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other _____
 Municipal/Industrial Irrigation Test Monitor Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>WELL HAS COLLAPSED AT 22'</u>				
<u>RUNNER 1/2 YARD NEAT CEMENT FROM 22' TO SURFACE</u>				
<u>CONCRETE</u>				
<u>IRON PIPE</u>				
<u>STEEL PIPE</u>				
<u>LAS VEGAS OFFICE</u>				

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
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 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. WEBSTER GROUP INC Contractor
 Address 4145 ARCADE SPRING LAS VEGAS NV 89115 Contractor
 Nevada contractor's license number 035639 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2024-T2
 Signed Allan C. Hodylans By driller performing actual drilling on site or contractor
 Date 6-2-02

Date started 5-22-02
 Date completed 5-23-02

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)