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. 89637
Permit No.
Basin 212

WAIVER # R-1183
NOTICE OF INTENT NO. 25070

1. OWNER Rainwater, William M + Judith K
MAILING ADDRESS 3480 E. Patrick Lane, Las Vegas NV 89120
ADDRESS AT WELL LOCATION 3480 E. Patrick Lane, Paradise

2. LOCATION SW ¼ NW ¼ Sec. 31 T. 21S N/S R. 62 E. Clark County
PERMIT NO. Log-None (Issued by Water Resources) | 161-31-203-009 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☒ Other P.L.V.C.

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 Pump				
~~Seal~~ Sound Bottom @ 48'				
Pump 1½ yards Neat Cement from				
Bottom to Surface				

DONALDSON
RECEIVED
MAY 13 2003
LAS VEGAS OFFICE

Date started 2/10/03, 20
Date completed 2/28/03, 20

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)

PLUGGED BY GWMP
ORIG/PLUG LOG # Unknown

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 (Contractor) BL-Weeks Group, Inc.
Address (Contractor) 4145 Arctic Spring, 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 R+P Ltd 2220
Signed Allen L Hodgkins (By driller performing actual drilling on site or contractor)
Date 5-11-03

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627